FOR STATE HEALTH DEPT.

TO DEPUTY M. EXAMINER: This certificate should be executed within 24 hours after death. If any delay is reserved be executed within 24 hours after death. If any delay is ready, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral of r. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2.25th the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 77 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00195 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00198

1.	PLACE OF DEATH				2. USUAL	RESIDEN	CE (Whare da	caesed lived, If	institution: Ras	idenca before	admission)
	e. COUNTY	Baltimore		MARYLANI	e. STATE	Mox	bac fra	b. COUN	TY		-
1	b. CITY OR TOWN (i	f outside corporate lim	its,	c. LENGTH OF STAY IN 1			y Land	orete limits, write	RURAL end o	ive naarest to	own)
	Catonsvil	giva nearast town)		2 3-44					2110	, ,/	
-			if not in hos	L day spital, give streat eddrass)	111 (204)	ADDRESS			210	1 - 7	RESIDENCE
-							+ Nonth	Avenue		01	N A FARM?
2	SPRING C	ROVE STAT	0.00	SPJ.TAL Middle	11	O Wes				- In	NO
3.	DECEASED	rirsi		Middle	Last		4. DATE	Month			60
	(Type or print)		lip	Julian	Aker	S	DEATH	Jan	uary	24 1	9 62
5.	SEX	6. COLOR OR RACE	7. MARRIE	DE NEVER MARRIED	8. DATE OF BIR	TH	9.	AGE (In yeers last birthday)			ER 24 HRS.
1	male	white	WIDOWE	DIVORCED	Dec. 12	, 190	4	57 yrs.	Months Da	ys Hours	Min.
10	B. USUAL OCCUPATI	ON (Give kind of working life, even if retire	10b. K	IND OF BUSINESS OR INDU				intry)	12. CITIZI	N OF WHAT	COUNTRY
00		hanger	ia)		Mar	yland			II.	S. A.	
13	FATHER'S NAME	11011501			14. MOTHER				1 0.	D. A.	
	To so who	Alvana			D	M	- 43				
15	WAS DECEASED EVE	Akers	CES? 16.	SOCIAL SECURITY NO. 17	. INFORMANT	ose m	cAbee	Address			
(Y	es, no, or unkown) (If	yesgive war or dates of									
U	nknown	PROUZ (Catananius and		unknown lina for (e), (b), and (c).]	Records:	SPR	ING GI	ROVE ST	ALE HO	OS. TTA.	-
		WAS CAUSED BY:			. W. amb T	M				ONSET AND	
		IMMEDIATE CAUSE (a)	Art	eriescleretic	Heart L	11seas					
	1 20	DUE TO									
	Conditions, if any	, which \ (b)									
	gava rise to immadia	DI IE TO									
	(a), stating tha us	nderlying									
z		SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 10	a) 19. WAS	AUTOPSY
CATIO				olism with De						YES _	NO TO
CERTIFICATION	20a. EXTERNAL CA PRIMARY [] or CO CAUSE OF DEATH.	USE WAS NTRIBUTING []	Ob. DESCR	IBE HOW INJURY OCCURED). (Entar natura of i	njury in Per	rt I or Part II of	itam 18.)			
MEDICAL	20c. TIME OF INJUI	RY Month, Day, Ye	ar 20d. While at wor	Not While	PLACE OF INJURY fectory, streat, offic			or town)	(County	r)	(State)
	21. I certify th	at I took charge	of the ren	nains described above,	held an Autop	sy .	Inspection	Inquir	у П,	and in my	opinion
	death resulted for	rom: Natural ca	uses I	Accident . S	uicide 🗍, H	domicide	C, Un	determined m	anner 🗍		
		12/		11. 11	CHIFF	MEDICAL	EXAMINER [1			
	ACTUAL	Jens	mil	eister			DICAL EXAMIN	I Tae		DATE SI	CNED
	SIGNATURE		, -/	16	M.D.			EK LJK		DAIL 8	GIVED
	EXAMINER'S NAME (Type)			ffer, M. D.			city, town, or	county)		1-24-	62
22	BURIAL, CREMATIO REMOVAL (Specify)		OF	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCAT	ION (City, Iown,	or country)	(SI	leta)
	BURIAL	1-27-6	2	Woodlawn	Cemeter			dlawn,			
23	. FUNERAL DIRECTOR	2		ADDRESS				AR 24b. REG	STRAR'S SIGN	NATURE	
	Im . Cook . In	10., 1217	St.Pa	aul Street.	Zone 2	DATE	IAN 29 '6	52 0	Thung 9	King	

. PC200AD JYDO! hiture [geniastr] . She was naturally shirt mailones in missess

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00199 CERTIFICATE OF DEATH

11)196 Reg. Dist. No.

	PLACE OF DEATH o. COUNTY BS	ltimore		MARYL	AND	2. USUAL RESIDE a. STATE	Md.			institutio OUNTY	ın: Resider	nce before	odmissi	ion) /
	b. CITY OR TOWN (II RURAL and give ne Catons		s, write c	LENGTH OF STAY II	di N	c. CITY OR TO		utside corpo		write Rt	JRAL and	give near	est town)
I	d. NAME OF HOSPIT OR INSTITUTION TOUS O IN	AL (If not in hospital, g	ive street ode			d. STREET AD	DRESS			,		e		DENCE FARM? NO
3.	NAME OF DECEASED (Type or print)	fir Jam		Middle H •		Alder		4. DATE OF DEATH		Mont Ja		Day 29.		962.
	sex Malo	6. COLOR OR RACE White	7. MARRIED			B. DATE OF BIRTH	1883	3	9. AGE (III lost bir 78	n years	IF UNDER	-		
Me	during most of work	ON (Give kind of work of ing life, even if retired Helper		O. R.R.	INDUS		CE (State o	or foreign (country)			S.A		COUNTRY?
	George	Alder					e Ry							
	WAS DECEASED EVER	R IN U. S. ARMED FOR		CIAL SECURITY NO.	17. 8	NFORMANT				Addr	ess			
	10			-05-0899	Ne	owton M.	Ald	der !	5101	Bro	okgr	reen	Rd	. (29
	Conditions, if all gave rise to it cause (a), stating lying cause last.	the <u>under-</u> DUE TO	Cho. A			· Cardi							1 AND	30
FICATION		HER SIGNIFICANT CON			TA						EN IN PAR		PERFO YES	RMED?
CERTI	OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRI	BE HOW INJURY OC	CURKE	D. (Enter nature at	injury in P	art I ar Pa	rt II at item	18.)				
MEDICAL		Y Manth, Day, Yes	While _	URY OCCURRED 2 Nat while at work	lOe. PL/ fac	ACE OF INJURY (He stary, street, affice b	ome, farm, bldg., etc.	20f. (Cit	y ar tawn)		(County)		(State)
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	de l'attended the	19/4 5 Da (C Gall	ager	death	accurred at 2 m.D. 8289	the Clin	M, france	m the co Street, city of RBY	or lawn,	nd an t	he date	state	d abave,
	REMOVAL (Specify)	2-1-196		22c. NAME OF CEMET					TION (City		r county)	363	(State	:)
_	FUNERAL DIRECTOR'S		320	New Cat	出人	1. 2	ATE JAN	BY REGIS		b. REGIS	TRAR'S SI	1 4		

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1 like conversions 105%			1000

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DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 3			
00200	CERTIFICATE	OF DEATH		0019
E OF DEATH	11.2	USUAL RESIDENCE	E (Where deceased lived, If Institution	n: Residence before a

. PLACE OF DEATH			2. USUAL RESIDENCE (Where decessed lived, If Ir	stitution: Residence	befora a dmission
a. COUNTY	altimore	MARYLAND	a. STATE New Jers	b. COUNT	Υ	V
b. CITY OR TOWN (i	f outside corporate limits,	c. LENGTH OF STAY IN 16		side corporate limits, write	RURAL and give no	arest town)
	give nearest lown)	172 Days	Palmvra		67x -	3
d. NAME OF HOSPIT	TAL OR INSTITUTION (if not in		d. STREET ADDRESS		0 17	. IS RESIDENCE
Votomana A	dud ad at mat d an i	Uganital	307 West Th	ird Street	120	YES NO
veterans ac	dministration	Middle		DATE Month	Day	Year
DECEASED (Type or print)				OF DEATH		10 (0
5. SEX	THOMAS	BERNARD	DATE OF BIRTH	9. AGE (In years	y 19	IF UNDER 24 HRS.
, JEA	6. COLOR OR RACE 7. MAI		DATE OF BIRTH			Hours Min.
Male	THEST	WED DIVORCED J	une 12, 1915	46 yrs.		
	ION (Give kind of work rking life, even if retired)	. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County &	State, or foreign country)	12. CITIZEN OF	WHAT COUNTRY
Laborer			Riverton, Ne	w Jersev	U.S.A	
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	AE .		
Bernard A	llen		Phoebe Scot	t.		
5. WAS DECEASED EV	ER IN U.S. ARMED FORCES? fyes give wer or dates of service)	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address		
		149-01-5156 Cli	n Rec VAH Bal	timono Md	by Dorsond	Direinia
Yes	EATH [Enter only one couse p	1113-01-2120 011	n rec van bar	eThore Ma - 1	INTER	RVAL BETWEEN
	H WAS CAUSED BY:	CARCINOMA OF LAR	YNX		ONS	NKNOWN
11/1	IMMEDIATE CAUSE (e)	-				1221101121
101	DUE TO				A STATE OF	
Conditions, if any						
(a), steting the u	DUE TO					
causa fest.) (c)					
PART II. OTHER		CONTRIBUTING TO DEATH BUT NO		DISEASE CONDITION GIVE	N IN PART 1(e) 19.	PERFORMED?
TUP	ERCULOSIS. PUL	MONARY MODEPATEL	Y ADVANCED	W2.	YE	S NO
2De. ACCIDENT W.	AS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURED.		or Pert II of item 18.)		
OR CONTRIBUTING	MEDICAL EXAMINER)					
20c. TIME OF INJU	JRY Month, Dey, Yeer 20		CE OF INJURY (Home, ferm, ;	20f. (City or town)	(County)	(Stete)
20c. TIME OF INJU		/hile Not While factor	ory, street, office bldg., etc.)			
			- 2 02 10	12 - 20	10/0	. (1) () 1
21. I certify 1	hat ((this hospital) at	tended the deceased from 9.,1962, and that	July 31 9:10 19.	or 1013u19	, 19.02, tha	at (M (we) la
saw the deceas	ed alive on	9.,19QZ, and that	death occured atp.	M, from the causes a	and on the date	
22a. SIGNATURE	10 10	1 30	ATTENDING MED.			22b. DATE SIGNE
1 Office	n D. Jall	wil mes "	.0.	TOR PHYS.		1-20-62
22c. PRYSICIAN'S			22d. ADDRESS	18 MA F+	Howand I	himi ei on
J. (1700)	JOHN D. TALBE	RT, M.D.	VAH, Balle	. 18 Md., Ft	Howard L	TAT21011
23a. BURIAL, CREMATI	ON, 235. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 2	3d. LOCATION (City, tow	n or county)	(Stete)
REMOVAL (Spacify) Burial		Berkley Natio	nal Cemetery	Berkley, Ne	w Jersey	
24 FUNERAL PIRECTOR	L'S SIGNATURE	ADDRESS.	25a. REC'D	BY REGISTRAR 255. REG	ISTRAR'S SIGNATE	JRE
CELANDAL LI	ineral Home	Palmyra, N.J.	DATEJAN	2 3 '62 Cu	chur S. Thurs	
T TTOTT I'V	AHELAL HOME	T CITILITY T CI & IV B U B	DVICTORIA			

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23. EUNERAL DIRECTOR'S SIGNATURE CHARLES E. Schimunek Funeral Home 3331 Brehms Lane

Brehms

and completely to on papers. Pag death. á DIRE P FUNERAL 0 VS A15 (4)

1SM 9/5S

24g. REC'D BY REGISTRAR

DATE .

24b. REGISTRAR'S SIGNATURE O.B. & Ku

e. IS RESIDENCE

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO

(Stote)

DATE SIGNED

(Stote)

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	And Andrew Miles			
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			William Co.	
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Maria				

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, II Institution: Rasidence before edmission) & COUNTY b. COUNTY Baltimore MARYLAND Marvland b. CITY OR TOWN (if outside corporeta limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give naerest town) Baltimore Fort Howard Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS IS RESIDENCE ON A FARM? YES NO T 3113 Woodland Avenue Veterans Administration Hospital completely 4. DATE Month DECEASED OF (Type or print) DEATH CORNELTUS 26 19 J. ANGLAND JANUARY 6. COLOR OR RACE 7. MARRIED NEVER MARRIED carbon IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR lest birthdey) pue Male WIDOWED DIVORCED August 21. physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? remove done during most of working life, even if retired) U.S.A. Maintenance Man Westinghouse Treland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Then please Ellen Callahan Morris Angland 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Clinical Records dresVA Hospital, 3900 (Yes, no, or unkown) | (Ifyes give wer or detes of service) Loch Raven Blvd. Ft. Howard Division the permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN signed by ONSET AND DEATH physicia PART I. DEATH WAS CAUSED BY: BRONCHOPNELLMONT A IMMEDIATE CAUSE (e) Unknown burial-fransit aftending PARKTNSONISM Unknown Conditions, if any, which has been geve rise to immediata cause DUE TO (a), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO, THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate 92 Cerebral Arteriosclerosis PERFORMED? Arteriosclerotic Heart Disease, Chronic Brain Syndrome, secondary to NO TE USe 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH defached þ After 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, (County) (State) 20f. (City or town) While Not While fectory, street, office bldg., etc.) Hour e.m. et work at work CIOR: 21. I certify that of (this hospital) attended the deceased from January 19, 1962, to January 26, 19, 62 that M (we) last saw the deceased alive on January 26 19.62, and that death occured 5:40 BM from the causes and on the date stated above 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. TO HOSPITAL
death. Page 4
TO FUNERAL
director, page 3
be filed with the 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) VAH. BALTO. MD. FT HOWARD 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. (Stata) REMOVAL (Specify) New Cathedral Cemetery Baltimore Mary Address Partimore Signature Partimore Registrar's Signature Partimore Partimor Buria! 2 JUNERAL DIRECTOR'S SIGNATURE VR A15 (4) E. Vermon Lemmon 15M 9/60 DATE JAN 2 9 '62 arthur S. Thous Term h Funeral Home. 4611 Park Hets. Ave

Balto 15. Md.

C Mile of the state of the country of the state of the stat 210-01-53 2 4mm Smart Sec. Ft. Holley 13/14cm MATHEMATINE HILL elcountosociudus fistorias Teropias Arbert of the restance of the same of the same and the same and the same and the same and the same of bonitgrad area of the meeting Lapsenge inn O James Company Company Company Street Street Street

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OD203 CERTIFICATE OF DEATH

OD200

I. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whara daceased lived, If institution: Residence before admission)										
Baltimore MARYLAND	o. STATE Maryland b. COUNTY Coult										
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)										
Caton Sville 16yr7mth23dys d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Baltimore d, STREET ADDRESS o. 45 RESIDENCE										
SPRING GROVE STATE HOSPITAL	Bayview Hospital										
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year										
(Typa or print) I'rank	Arnold DEATH January 15 1962										
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO B	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.										
male white widowed Divorced	1889 72 yrs.										
10a. USUAL OCCUPATION (Give kind of work done during most of working life, avan if ratired) tobacco blender	11. BIRTHPLACE (County & State, or foreign country) Mary Land U. S.										
13. FATHER STAME I CO. O.	14. MOTHER'S MAIDEN NAME										
Jareph Collinell	malann Cleric Hi (gebort										
15. WAS DICEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yas, no, or unkown) (Ifyas giva war or datas of service)	INFORMANT Address/										
	cords: SPRING GROVE STATE HOSPITAL										
18. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), and (c).)	INTERVAL BETWEEN ONSET AND DEATH										
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular a											
DUE TO											
Conditions, if any, which (b)											
gava risa to immadiata causa (a), stating the undarlying DUE TO	gava risa to immadiata causa										
couse last. (c)	(a), saling the underlying										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X										
20a. ACCIDENT WAS UNDERLYING THE 20b. DESCRIBE HOW INJURY OCCURED). (Enlar natura of injury in Part I or Part II of item 18.)										
	CE OF INJURY (Homa, farm, ' 201. (City or town) (County) (State) tory, streat, office bldg., atc.)										
21. I certify that OK (this hospital) attended the deceased from.	May 22 7:1815 to Jan. 15 , 19 62that (I) (we) last										
saw the deceased alive on	death occured at										
220. SIGNATURE Sulla Wachsler M	ATTENDING MED. STAFF PHYS. 1-15-62										
22c. PHYSICIAN'S NAME (Type) Stella Wachsler, M. D.	22d. ADDRESS SPRING GROVE STATE HOSPITAL Catonsville 28, Maryland										
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY 1962 24c. NAME OF CEMETERY											
24 FUNERAL DIRECTOR'S SIGNATURE OSCILLADORESS OF	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE										
popular cocco / 1	DATE 6 62 Cotton & House										

and the second second Transfer Steel Comment Section Waterlever Care To 15-150 - Terestey Trees House Co C Trees July 15 see from the control of the

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Q. STATE b. COUNTY MARYLAND b. CITY OR TOWN IN outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) and give necrest town) e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS YES NO4 NAME OF 4. DATE Middle Lost Day Year Month DECEASED DEATH 24 1962 (Type or print) an. 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years 5. SEX IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. WIDOWED [DIVORCED of yes. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? C during most of working life, even if retired) puo Housesucke 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME moy Pages oge 5 oge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address (If yes, give wor or dates of service) (Yes, no, or unknown) Give INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line jet (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which gove rise to immediate cause DUE TO (o), sloting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS 00 CERTIFICATION PERFORMED? NO T 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) X 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) (County) (Stole) factory, street, office bldg., etc.) While Not while O. m of work at work D. M. 21. I certify that blook charge of the remains described above, held an Autopsy Inspection Inquiry , and find that Natural couses Accident . Suicide . Homicide | Undetermined couse DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER 00 SIGNATURE farworded to FUNERAL cute the cer ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type 22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) **REMOVAL** (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Cathan & Know DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Page 4	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE
O a a a a a a a a a a a a a a a a a a a	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
by the 2 she	Catonsville d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Winters Lane d. STREET ADDRESS ON FARM? OF WINTERS Lane on A FARM? YES \(\cappa \) NO \(\cappa \) ON FARM? YES \(\cappa \) NO \(\cappa \)
in 24 haur filled in b ges 1 and	3. NAME OF DECEASED (Type or print) GERTRUDE F. BANKS 4. DATE Month Doy Yeor OF DEATH Jan. 10 1962
with Joseph	5. SEX Female 6. COLOR OR RACE Colored Never Married Neve
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r ottendi certifical certifical tion, or	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State
fol of this d for use	Hour o. js. p. m. 19 While of work Toctory, street, office blag., etc.) 21. certify that attended the deceased from II-25-59, 19, to I-I0-62, 19, that last saw the deceased from II-25-59.
ATTENDA	alive on I-IO-62, 19, and that death accurred at 8,30AM, from the causes and an the date stated aba ADDRESS (Street, city or town, state) DATE SIGN
AL OR A DIRECT DIRECT ON Prior	ACTUAL SIGNATURE CITY Y A (ML) M.D 57 Winters Lane I-IO-62 PHYSICIAN'S C. F. Maloney M. D Cotonovillo 28 Md
S O W CO	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Stote)
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TO HOSPITAL may be retained to FUNERAL page 3 shoulthe registran	PHYSICIAN'S C.F. Maloney, M.B. Catonsville 28. Md. 220. BURIAL, CREMATION, REMOVAL (Specify) BUTIAL 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 578 W. Catonsville 28. Md. 22d. LOCATION (City, town, or county) Baltimore, Md. 24o. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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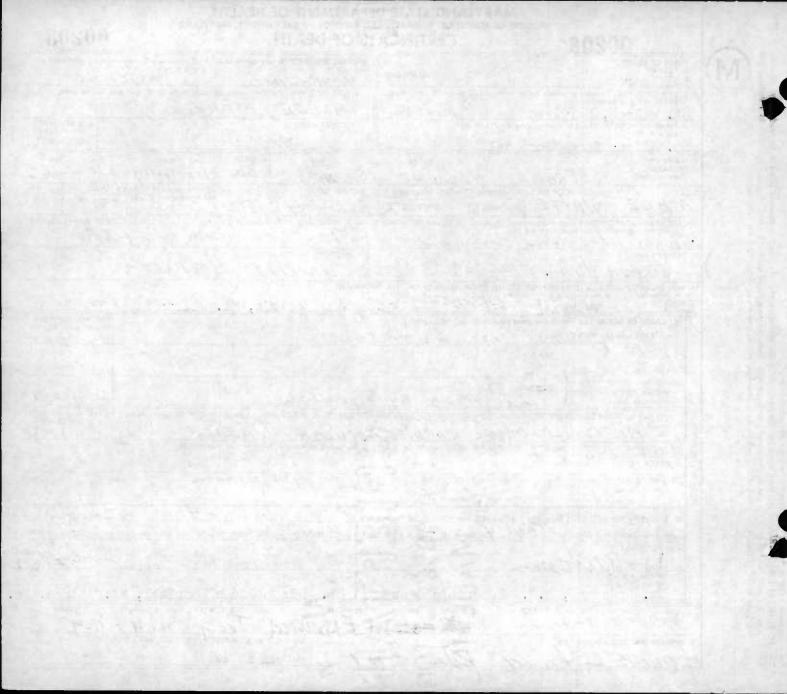
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NAME (Type) Wm. Newcomer, M.D. Superintendent Mt. Wilson State Hospital, Mt. Wilson, Md. 230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL ISpecify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) 24. FUNDERAL DIRECTOR'S SIGNATURE) ADDRESS ADDRESS 25c. REC'D BY REGISTRAR'S SIGNATURE			11/1/1	women	Total E	M.D. PHYS.	MED. STAFF PHYS.	3 6		
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57		24	FUNERAL DIRECTOR'S S	SIGNATURES	ADDRESS	250. PF	C'D BY REGISTRAR 254	REGISTRAR'S SIGN	NATURE	
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al director, le filed with PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained to the first and an attending physician.

O FUNERAL DIREC ON: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shouthe State Board of Health prior to burial, crematian, ar removal, and in any event, within 72 haurs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, Il institution: Residence before edmission) e. COUNTY e. STATE b. COUNTY Baltimore MARYLAND Anne Arundel Maryland b. CITY OR TOWN (il outside corporete limits. c. CITY OR TOWN (If outside corporete limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 ort will the Aland give neerest town) 294 Severna Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Box 288 RR YES NO Y Veterans Administration Hospital 3. NAME OF Middle 4. DATE Month Dey Yeer DECEASED OF (Type or print) BAUER 11 62 EDWARD DEATH January 19 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. lest birthday) Months Devs Hours Male White WIDOWED DIVORCED June 5, 64 IDe. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even il retired) Painter U.S. Naval Exp. Sta. Relay, Maryland U. S. A. MayOther's Maiden Name 13. FATHER'S NAME Louis Bauer Phitzmeyer or Mary Fitzmaier 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Yes (Yes, no, or unkown) (Ifyesgivewerordetesofservice) Clinical Records, VAH, Baltimore 18, Maryland 217-09-2315 Fort Howard Division 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: HODGKIN'S DISEASE INVOLVING LYMPH NODES, LIVER, UNKNOWN IMMEDIATE CAUSE (e) KIDNEYS AND BONES XXXX PULMONARY CONGESTION AND EDEMA RECENT geve rise to immediate cause DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? UROLITHIASIS, WITH CHRONIC CYSTITIS YES X NO [20e. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, ' (County) While Not While factory, street, olfice bldg., etc.) Hour a.m. et work et work p.m 21. I certify that x) (this hospital) attended the deceased from March ..., that (1) (we) last 1962 January saw the deceased alive on. ..., and that death occured at A...M, from the causes and on the date stated above. 22e. SIGNATURE 22b. DATE ATTENDING SIGNED PHYS. PHYS. DIRECTOR 1/62 22c. PHYSICHAN'S 22d. ADDRESS NAME (THOMAS F. CRAHAN, M.D. VAH. BALTIMORE 18 MD FT HOWARD DIVISION 23c. NAME OF CEMETERY OR CREMATORY 23m. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) 1/15/62 Baltimore National Cemetery 28, Maryland Burial 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Howard H. Hubbard, 4107 Wilkins Ave. Balto. Md.

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RECT Se oelo		ACTUAL SIGNATURE M.D. 8501 (Street, city or town, stote) ACTUAL SIGNATURE M.D. 8501 (IBERTY RD.	DATE SIGNED
PITAL OR RAL DIREC Should be		PHYSICIAN'S NAME (TYPO) RONALD BERGER, M. V.	
O HOSPITAI may be refe O FUNERAL page 3 shall the registrar	16	BURIAT: GREMATION, 22b. DATE THEREOF 22c. NAME OF EXMETERY OR CREMATORY School 22d. LOCATION (City. town, or county) eslarch 1-18-1962 John Hapkins Hedral Balto.	Will.
VS A15 (4) 15M 10/57	23.	FUNERAD DIRECTOR'S SIGNATURE ADDRESS	ATURE
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10203 CERTIFICATE OF DEATH

a. COUNTY				a. STATE	NCE (Where decease	b. COUNTY	ution; Kesidenc	s perore ec	Jmission)
Baltim	ore		MARYLAND	Mary	land	b. COURT	Baltir	nore	
b. CITY OR TOWN (if	outsida corporate timi	s, c. LENGTH	OF STAY IN 16	c. CITY OR TOWN	(If outside corporete	limits, write RUI	RAL and giva n	earest town	1)
Lodge		15	rears	X Lodg	e Forest				
		f not in hospital, give str		d. STREET ADDRESS				e. IS RES	
7440 B	ay Front	Road		7/1/10	Bay Fro	nt Roa	d		HO T
. NAME OF	First	N	Aiddle	Last	4. DATE	Month	Day	Yeer	
(Typa or print)	CATHER			INGHAM	OF DEATH	Janua		th,196	
5. SEX	6. COLOR OR RACE	7. MARRIED X NEVER	MARRIED B.	DATE OF BIRTH		birthday) Mo	INDER 1 YEAR	Hours	24 HRS. Min.
female	white		OIVORCED	April 10,	1894 67	Ata. Wo	mins Days	nours	will.
IOa. USUAL OCCUPATION dona during most of wor	ON (Giva kind of work	106. KIND OF BUSH	NESS OR INDUSTRY	11. BIRTHPLACE (Cou	unty & State, or foreig	n country)	12. CITIZEN O	F WHAT CO	SYRTHUC
Housewif				Maryla	nd		U.S.	. A .	
3. FATHER'S NAME				14. MOTHER'S MAIDEN					
Thomas	Melev			Delia Du	rkin				
15. WAS DECEASED EVE	R IN U.S. ARMED FOR		URITY NO. 17. I			Address			
(Yes, no, or unkown) (If	yes give wer or detes of s		N.	J.Birmin	cham Sn	. sam	000	40	
	EATH [Enter only one	cousa per line for (a), (b)	a), end (c).)	CO O TOTT HITTIE	griant, pr.) pari		ERVAL BETY	WEEN
PART I. DEATH	WAS CAUSED BY:			i 1 -	-		ON	ISET AND D	
11-	MMEDIATE CAUSE (a)	- Topo Ca	racex	refare	con	3017	2	min	ma
142	O DUE TO	atai.	-0.1	infactic Cardio	.0	1.	11	2000-	
Conditions, if eny,	101.	ururu	- Cresor	u carour	varcular	diea	e 10	gra	no
geve rise to immedia (a), stating the un	DI BILL								
ceuse lest.	(c)								
PART II. OTHER	SIGNIFICANT CONDI	TIONS CONTRIBUTING T	O DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CON	ITION GIVEN I	N PART 1(e) 1	9. WAS AL	UTOPSY
Ž							1		NO N
PART II. OTHER 200. ACCIDENT WA OR CONTRIBUTING OF LITHER, NOTIFY		206. DESCRIBE HOW	INJURY OCCURED	(Enter nature of injury in	n Part I or Pert II of ite	m 1B.)			
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)								
20c. TIME OF INJUI	RY Month, Day, Ye	ar 20d. INJURY OCC	URRED 200. PLA	CE OF INJURY (Home, fe	rm, ' 20f. (City or to	wn)	(County)	(Stete)
20c. TIME OF INJUI	11 1101111, 207, 10	WhileNot Wh	nile fecto	ory, street, office bldg., e		14	(
	19	at work at wo							
				uly 15th					
saw the decease	ed alive on.J.a.r	uary 1419.	.62 and that	death occured at.	A.M, from the	causes and	on the da	te stated	above
220. SISNATURE	- 10			ATTENDING	MED. SI	AFF		22b.	DATE
1 det	in U. Cer	way	м.	Dillion Immi		YS.	1,	/15/6	52
22c. PHYSICIAN'S		01		22d. ADDRESS					
NAME (Type)	John V.	Conway, M. I).	914 D	Street,	Sparr	ows Po	oint	19.
23a. BURIAL, CREMATIC			AE OF CEMETERY	OR CREMATORY	23d. LOCATION				ata)
REMOVAL (Specify)	7/77/		Cothoda	ol Comt-	Dall	* m = m =	Mana	000	
Burial	A SICNIATURE		Ca the di	eal Cemty.	EC'D BY REGISTRAR	imore,			
24 FUMERAL DISECTOR									
alter Bro	oks Brad	ev.inc. 1	Jundalk	22, Md DATE	JAN 1 7 '62	0	N 0 6	1 .	

death. Page 4 m. Se trained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled if the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. DING PHYSICIAN: The law requires that the death certificate be executed within 2. TO HOSPITAL VR A15 (4) 15M 9/60

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escular and a standard of the bital Inolf tal Olde SOU STAL VERMONTO THE A MINUSCRIB TO THE CHARGE AND IN di un sà culture, qui altre di constanti di no mond ... is much nimule. t. tence - andn myotadial infortion 5 arterior lecter Explorendo desces 10 years TO DESCRIPTION OF THE PROPERTY Jole V. Comery 1875/02 obn s. Boming, M. D. Berest and M. Start & Sta PROPERTY OF THE PARTY OF THE PA the second control of the second seco

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00210 CERTIFICATE OF DEATH 00207

PROFES	I, PLACE OF DEATH Q Q TO MADE	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
Λŀ	. COUNTY BALTI MORE	e. STATE 43.4 / b. COUNTY
2	CAPTISON MARYLAND	Md.
	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporeta limits, write RURAL and give neerest lown)
	write RURAL end give neerest town)	B-11-m-0 2.11.4
01-	Jon (12) 9/1 (16/377)4 1.	Haltmore 3VII-4
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitet, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
		6 Cloland No YES NO P
	3. NAME OF First Middle	Last / 4. DATE Month Day Year
	(Type or print)	Real OF DEATH OF 10 (2
-		2,33011 300 10 1762
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	PATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
- 1	temple WIDOWED DIVORCED	24 1872 (ast birinday) Months Deys Hours Min.
-	100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
- 1	done during most of working life, even if retired)	Out.
	Huye	IVHIO
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	CDG. 11. h Danie dins	(all wine 11.11-10
-	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 11	NFORMANT Address
	(Vac no as unknown) (Historia) unasas datas afai milian)	
	No I I'VC	S. EDWARD B. WRIGHT ABOVE
	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).)	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (e) L'archae 1 année	
	DUE TO	16 An.
-	Conditions, if any, which \ (b) Orderioaelore Ve	Plan desent
	geve rise to immediate cause	
	(e), stefing the underlying course lest.	
1	(6)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PEATH BUT NO 208, ACCIDENT WAS UNDERLYING ZØb. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
	3 (Throng Brain Supadrome de to S	enil Character mas YES NO N
	208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Part I or Part II of item 18.)
	© OR CONTRIBUTING ☐ CAUSE OF DEATH	
		or or bulling the state of the
		CE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) ory, street, office bldg., etc.)
	p.m. 19 at work et work	
	21. I certify that (I) (this hospital) attended the deceased from	Nov 14 , 19.61, to au 10 , 1962, that (1) (we) last
-		
		death occured at 7.A.M., from the causes and on the date stated above.
-9	22a. SIGNATURE	ATTENDING MED. STAFF SIGNED
	. Saesnay Kon Sout M.	- NINE TO DIRECTOR TO DIVINE
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type)	
		OR CREWATORY
	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	0
K	CREMATION JAN. 13, 1961 GREENHOUN	T BALTIMORE MO.
)	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
1	11 h leavined 5 C. Agar Vacy Pa	BALTO, DATE SAME 1 5 '62 O. Thurs & Knows
0 1.	HIM DEMEND & DONZ CO. ALOZ LOKE VA	. UNCLU, IDAIE

TO HOSPITAL OF A DING PHYSICIAN: The law requires that the death certificate be executed within death. Page 4 m Declared by the hospital or attending physician.

TO FUNERAL DATECTOR: After this certificate has been signed by the attending physician and completely filled indirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the filled with the State Dept. VR A15 (4) 15M 9/60

- 15 TEN HE BY 21 -District of the state of the st Mes Emarco & harris Theye Many 1 and the second of the s THU OF YOUR PROPERTY OF THE WITHOUT

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (1)211 CERTIFICATE OF DEATH (1)2()8

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased livad, If Institution, Residence before admission)
Baltimore Cty MARYLAND	e. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporata limits, write RURAL and give neares! town)
Catonsville March 17,195	8 × Baltimore
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Spring Grove State Hospital	Rosebank Road - Baltimore-22, Md. YES NO NO
3. NAME OF First Middle DECEASED (Type or print)	A. DATE Month Day Year OF
Mary CZARN 5. SEX 6. COLOR OR RACE 7. MARRIED MEYER MARRIED	ECKA) BLACK DEATH January 20 1962 8. DATE OF BIRTH 19. AGE (In years I IF UNDER 1 YEAR IF UNDER 24 HRS.
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	last birthday) Months Days Hours Min.
Female white WIDOWED DIVORCED	1.881 80 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife AT HOME	Maryland U.S.A.
13. FATHER'S NAME	Maryland U.S.A.
YI CLATTER 1999	
Henry SCHULTZ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Mary ?
(Yas, no, or unkown) (Ifyes give war or dates of service)	Phone: AT-5-1268 - Baltimore -22, Md.
no no none Mr	.Steven BLACK(son)-Ext. Box 8203, Rosebank Rd.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY	
IMMEDIATE CAUSE (a) Acute Heart Fail	uresudden
DUE TO	
Conditions, if any, which) (b) Arteriosclerotic	Cardio Vascular Disease with
	Insufficiency. Myocardial Damage.
cause last.	1 duli 20 2010 of 11 of diage .
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PERFORMED?
n o n e	YES NO be
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO NO. 1 P. 1 P. 20b. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING 1 CAUSE OF DEATH BUT NO NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. WhileNot While	ctory, street, offica bldg., atc.)
p.m. none 19 at work at work	none ! none
21. I certify that (I) (this hospital) attended the deceased from	March 17 1958. to January 20, 19.62 that (I) (we) las
saw the deceased alive on	it death occured at
22a. SIGNATURE	22b, DATE
mre (priss)	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS
	M.D. PHTS. DIRECTOR PHTS.
22c. PHYSICIAN'S NAME (Type)	
Imre KOPITS, M.D.	Hospital
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Spacify) 1/22/62 SACRED H	FART BAITY CO MO
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
011.0111	
E.W. Hoffmann 3218 HUD50N	DATE JAN 23 '62 Cultury d. Tunne

TO HOSPITAL CA AT DING PHYSICIAN: The law requires that the death certificate be executed within 24 death. Page 4 m is a med by the hospital or attending physician.

S TO FUNERAL D. ECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit perpair. They please remove carbon papers. Pages 1 and director, page 3 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after director.

COST THE PART OF T 2416/111 rest transfer and the federal formation of the state of t AND AND THE STATE OF THE STATE the state of the s MAIR () 4 66 1881 A HOME TH on the party faither the party of the party TERMINE I SHOW TO TRAIN BUNNAL 1/23/12 SACRED HEART BALTE GE Ell Hoffmana 3218 Hispson St. 10 mission

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 00212 00209

							1 4 4 4 1		
1. PLACE OF DEATH					ICE (Where decessed live		esidence before	edmission)	
Baltimor	e		MARYLAND	o. STATE Maryla		OTR			
b. CITY OR TOWN (f outside corporete lim	its,	c. LENGTH OF STAY IN 16		(If outside corporete limits,		give neerest to	wn)	
Holbrook	give neerest town)			X Woodlaw	T				
	TAL OR INSTITUTION	if not in hosp	itel, give street eddress)	d. STREET ADDRESS				RESIDENCE	
Chanel H	itll Nursin	or Home		f73.2 01	-AA	117		A FARM?	
3. NAME OF	First		Middle	5713 Stonin	gton Avenue	Aonth	Dey Yes		
(Type or print)	Alton		G Bla	ckburn	DEATH Jaj		5, 19	62	
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In y	eers IF UNDER 1 Y		R 24 HRS.	
Male	White	WIDOWED	DIVORCED -	Oct. 17-1885		rs. Months D	leys Hours	Min.	
100. USUAL OCCUPAT	ON (Give kind of world	10b. KIN	D OF BUSINESS OR INDUS		inty & State, or foreign cou	ntry) 12. CITIZ	EN OF WHAT	COUNTRY?	
done during most of wo	rking lite, even if retire		nstruction	Virginia			U. S. A		
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
Unknown				Unknow	n				
15. WAS DECEASED EV (Yes, no, or unkown) (I			OCIAL SECURITY NO. 17.	INFORMANT	Ad	dress			
No	1 9 0 3 9 1 4 0 4 0 1 0 1 0 1 0 1 0 1 0 1	ot vice;	Ma	. Stanley Bl	ackburn-5713	Stoning	ton Aver	nue	
18. CAUSE OF D	EATH [Enter only one	ceuse per lin	e lor (e), (b), end (c).]			9	INTERVAL BE	TWEEN	
	H WAS CAUSED BY:		Coronary	coclusion			ONSET AND	S.	
112	1		2				-		
To	DUE TO		ocalomatia as	rdiovascular	diagona		78	0000	
Conditions, if eny	ete ceuse		operationic ca	rraro vascurar	ursease	13 10 10 10	TO A	10 years	
(e), steting the u	nderlying DUE TO								
ceuse lest.) (c)								
PART II. OTHER	SIGNIFICANT CONDI		es mellitus	NOT RELATED TO THE TERM	INAL DISEASE CONDITION	GIVEN IN PART	YES T	ORMED?	
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER			ED. (Enter neture of injury in	Pert I or Pert II of item 1B.)			
		er 120d Ib	JURY OCCURRED 20e. P	LACE OF INJURY (Home, fe	rm. 2Df. (City or town)	(Coun	tv)	(Stete)	
20c. TIME OF INJU Hour e.m. p.m.	19	While et work		ectory, street, office bldg., et			.,,	(0.0.07	
21. I certify t	hat (I) MIKKOKOKK	XX attend	ed the deceased from	J	19, toJan	5, 19.6	62, that (1) 3	ANCE last	
				at death occured atl					
220. SIGNATURE	- 111	1//	12 1					b. DATE	
1	ullorg	11/68	elgel	M.D. PHYS.	MED. STAFF PHYS.		1,	/6/62	
22c. PHYSICIAN'S NAME (Type) Millard	T. Traband	Jr			101 Gwynn Oa				
230. BURIAL, CREMATI		REOF	23c. NAME OF CEMETER		23d. LOCATION (Cit) (:	State)	
REMOVAL (Specify)	1-9-62		Lorraine Par	k Cemeterv	Wooda	awn, Mar	vland		
24 FUNERAL DIRECTOR		-	ADDRESS		EC'D BY REGISTRAR 256	REGISTRAR'S S	IGNATURE		
11 ho 0 1/10	kno & lan	. T.	1 1/28 1-	Mil. DATE	N 8 '62	(1 12 - 0 -	-		
Me Joson	rug y-xur	1100	11/1	L.C. DATES	W. O. O.	arthur 8 9	Control .		

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00210

	Baltimore Maryland	e. STATE Md. Baltimore
	o. CITY OR TOWN (if outside corporata limits, write RURAL and give nearest lown) Baltimore	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) Baltimore
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	House in the Pines, 16 Fusting Ave.	1708 Rolling Road, South
3.	NAME OF First Middle	Last 4. DATE Month Dey Year
	DECEASED (Type or print) Richard F.	Bond DEATH January 11. 1962
5.		. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
		April 16, 1888 73 yrs. Months Deys Hours Min.
10a do	USUAL OCCUPATION (Give kind of work and during most of working lifa, avan if ratirad) real estate & ins.	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY! Virginia U. S. A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Richard H. Bond	Lillian Furnass
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 18, no, or unknown) (Ifyasgivawerordelasofsarvica)	NFORMANT Address
110		rence I. Bond, 1708 S. Rolling Rd. #27 WIFE
	18. CAUSE OF DEATH [Enter only one causa par line for (a), (b), and (c).]	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	chmera o
	The DUE TO PL MA	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
	Conditions, if any, which gava rise to immediate causa (b)	focurally com
	(a), stating the underlying DUE TO	mansalion 2 mo
	ceuse last. (c)	Larlerio Lalaracio 5 4/4
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED?
YII	lank- 1 1 mi	salandroma YES NO
CERTIFICATION	208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of justiny in Part I or Part II of item 18.)
MEDICAL		CE OF INJURY (Home, farm, 20f. (City or lown) (County) (State) ory, street, offica bldg., atc.)
	21. I certify that (I) (this hospital) attended the deceased from	1925 to 10 11, 196 That (1) (we) las
	saw the deceased alive on 1962 and that	
	22a. SIGNATURE	22b. DATE
	12 12 1 1	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 1/12/6
	22c. PHYLLYANS I Drumberry	22d. ADDRESS
	NAME (Type) Bruce Brumbaugh, M. D.	5609 Main St. Elkridge 27, Md.
23	Burial, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY 1/15/62 Loudon Park	
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	oward H. Hubbard 4107 Wilkens Avenue #2	9 DANIAN 1 6 '62 arihur S. Kraus
1.	owald II. Habbald 410/ Wilkells Avenue 1/2	2

the funeral DING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSPITAL OF A considerable by the hospital or attending physician.

TO FUNERAL DESCIOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

VR A15 (4) 15M 9/60

00213 . main value of o stems - Midrenew I. Bens, 17000S. Mailfa, Utt. 19 Particular to the second of th 是是我们的一个人的一个是一个 The second of th

the funeral

O HOSPITAL ON A Considered by the hospital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled it director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after. TO HOSPITAL OF death, Page 4 m

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00011

1111011

I. PLACE OF DEATH			(Where deceased lived, If i		ce before admission)
Baltimore	MARYLAND	. STATE Marylan	b. coun	Balti	mire
b. CITY OR TOWN (if outside corporete limits,			utside corporale limits, write		
write RURAL and give nearest town)		V -			
d. NAME OF HOSPITAL OR INSTITUTION (IF	not be begitted give street address)	d. STREET ADDRESS	4		. IS RESIDENCE
					ON A FARM?
1300 Red Fox Ct. T			Fox Court		YES NO
. NAME OF First DECEASED	Middle	Last 4	. DATE Month	Day	Year
(Type or print) Harr	R	ROYD	DEATH Janu	uary 6	19 62
SEX 6. COLOR OR RACE 7	MARRIED NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In years		IF UNDER 24 HRS.
		Sept. 6,1896	65 yrs.	Months Days	Hours Min.
e. USUAL OCCUPATION (Give kind of work	106. KIND OF BUSINESS OR INDUSTR		& State, or foreign country)	1 12. CITIZEN O	F WHAT COUNTRY
one during most of working life, even if retired					
utomotive Jobber	Self employed	Baltimore		0.	S.A.
Henry Boyd		14. MOTHER'S MAIDEN NA Annie Br			
nemy boya		willing DI	ay		
WAS DECEASED EVER IN U.S. ARMED FORCE		NFORMANT	Address		
(es, no, or unkown) (Ifyes give we ror dates of ser	216-32-7186 Mrs	. Touise E. B	lovd . 1300 Red	For Ct	Towson
18. CAUSE OF DEATH [Enter only one of		, mourne n. n	oj a j 1 jou nec		TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	A	CONTINU		ON	ISET AND DEATH
IMMEDIATE CAUSE (a)	MYDEARSIAL LUF	ARCTION			1 13002
DUE TO	A)		
Conditions, if any, which (b)	ARTERIOSCLEROTIC	IPEART	VISEALE		IVEAR
gave rise to Immediate cause (e), stetling the underlying DUE TO					
cause last. (c)					
	ONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	L DISEASE CONDITION GIV	EN IN PART I(a) 1	
PART II. OTHER SIGNIFICANT CONDITI					PERFORMED?
20a, ACCIDENT WAS UNDERLYING	206. DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Par	t Lor Part II of item 18.1		IS [] NO []
OR CONTRIBUTING CAUSE OF DEATH	205. DESCRIBE HOW INSORT OCCURED.	. Izmer neiere or mjery m rer	TO TON II OF HOM 19.)		
(IF EITHER, NOTIFY MEDICAL EXAMINER)					
20c. TIME OF INJURY Month, Day, Yeer		CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	2Df. (City or town)	(County)	(State)
Hour e.m.	While Not While at work at work	!			
21. I certify that (I) (this hospita	1) attended the deceased from	MAY 19	57, to JAN 1	0 1062.	hat (I) (we) la
		death occured at 30			
saw the deceased alive on	2.9, and that	death occured at	raw, from the causes	and on the da	
22a. SIGNATURE		ATTENDING MEI	D. STAFF		22b. DATE SIGNE
- Waler ofthe	was M.	.0.	ECTOR PHYS.	-	
22c. PHYSICIAN'S NAME (Type) ADAWA C	5. Sw155	6232 BE	LAIR ROA.	D, BALTU).6, MD.
Ba. BURIAL, CREMATION, 236. DATE THERE	OF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tov	wn or county)	(State)
REMOVAL (Specify)		cal Cemetery	Baltimo	ore	
BURTAT. 1 1-9-02 4 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 256. REG	-	TURE
			100		
Wm. Cook-Towson, Inc.,	1050 York Road, To	DWSON DATE	AN 9 '62	arthur & A	Gazais

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Ma. Cook-Torrago, Inc., 1950 Yorks Road, 10 lack Mis Will Missey Man

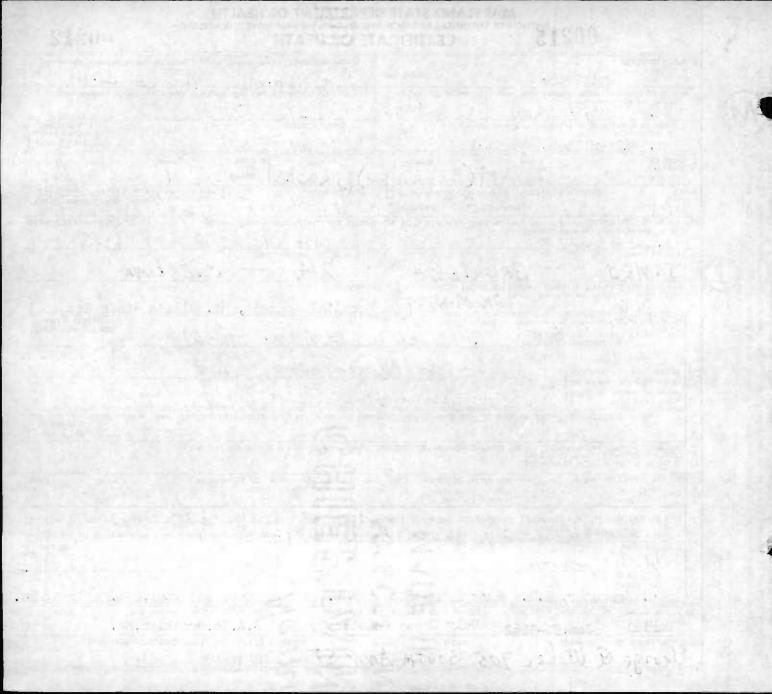
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may be retained by the rail of affending physician.	TO FUNERAL DIREC R. After this certificate has been signed by the attending physician and campletely filled in by the	page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shaws of filed with	the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
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PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deq

TO HOSPITAL OR ATTEN

VR A15 (4) 15M 9/59

a. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where decease	b. COUNTY	ce befare admission)
Baltimore b. CITY OR TOWN (If autside carporate limits, write c. LENGTH	OF STAY IN 1b	c. CITY OR TOWN (If autside carps	HNNE	HRUNDE
RURAL and give nearest tawn)	dry	C-1 FAIRING	A/T	1.2 V.2
d. NAME OF HOSPITAL (If not in haspital, give street address)	1	d. STREET ADDRESS	IV L	e. IS RESIDENCE
or INSTITUTION Mt. Wilson State Hospital		BOX 55	9	ON A FARM? YES NO W
3. NAME OF PICEASED A A A A A A A A A A A A A A A A A A A	Middle	Last 4. DATE	Manth	Day Year
(Type or print) ADAM CBK	UKIEW	A) BROOKS DEATH		27 1962
6. COLOR OR RACE 7. MARRIED NEVE		B. DATE OF BIRTH	9. AGE (In years IF UNDER last bir) Manths	Days Haurs Min.
0a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BU	DIVORCED	STRY 11. BIRTHPLACE (State or foreign of	56 yrs.	ZEN OF WHAT COUNTRY
during most of working life, even if retired)	JSINESS OK INDU	AAN PLAT N	(D)	11. C.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	7020	0,2.11
JAMES - BRUKIE	WA	AA -	CIESLAK	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECT	URITY NO. 17. II	NFORMANT	Address	
NO 216-03-8	8939	Hospital Records.	Mt. Wilson Sta	ate Hospital
1B. CAUSE OF DEATH [Enter anly one cause per line for (a), (b)), and (c).]		1	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ercin	oma of the	ung	
163X DUE TO gard	n/1/	An Tean		
Canditians, if any, which gave rise to immediate	100	LANSTASE, C	min	
cause (a), stating the under. DUE TO lying cause last.	sive y	lemorrhage q	Pulmer. T.B	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 200. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCURRE	D. (Enter nature of injury in Part I ar Pa	rt II af item 1B.)	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCU Haur a. m. p. m. 19 While Nat wh at wark at wark	6-	ACE OF INJURY (Hame, form, 20f. (Cit	y ar tawn) (Caunty) (State
Haur a.m. P. m. 19 While Nat what at wark at wark	niie	ciary, sireer, arrice blag., etc.)	35 80 100	
21. I certify that (I) (this haspital) attended the de	eceased fram	12-29, 1961, to	1-27 196	2 that (I) (we) las
saw the deceased alive an 1-27 196	2/and that a	leath accurred at A.M., fram	the causes and an the	e date stated above
22a. SIGNATURE		ATTENDING MED	STAFF	22b. DATE SIGNEI
22c. PHYSICIAN'S	3. 10	M.D. PHYS. DIRECTOR 22d. ADDRESS	PHYS.	1/27/6
NAME (Type) Wm. Newcomer, M.D. Superint	tendent	Mt. Wilson Stat	e Hospital Ma	t. Wilson. M
	E OF CEMETERY C		TION (City, tawn, ar caunty)	(State)
DEMOVAL (Specific	Cross Ce		Co. Brooklyn, Mc	
24. FUNERAL DIRECTOR'S SIGNATURE ADDRE	ESS	25a. REC'D BY REGIS	TRAR 25b. REGISTRAR'S SI	GNATURE
George G. Weher 705 Sc	OUTH A	NN ST DATE JAN 2	9 162 0 -1	D 22 B



the funeral TO HOSPITAL OR A Gined by the hospital or attending physician. See the Page 4 or 15 canned by the hospital or attending physician. TO FUNERAL DESCIOR: After this certificate has been signed by the attending physician and completely filled to the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

H	1. PLACE OF DEATH						2. USUAL RESIDENCE (Where daceesed lived, If institution: Residence before admission)						
1.	•	Baltim	ore		BE H DAFF	WATE	e. STATE	al and	b. COUN	TY 12. 11		-07	
	1	b. CITY OR TOWN	if outside corporata limi	ts,	c. LENGTH OF STAY		c. CITY OR TOWN	(If outside corp.	orata limits, write	RURAL end g	ive neerest t	own)	
			give nearest lown)				X m		#),				
0	_	Baltim			d. STREET ADDRESS		#4		1 . 10	RESIDENCE			
U	,		TAL OR INSTITUTION (irei, give street eddre	35)	d. SIREEI ADDRESS					N A FARM?	
		Armacos	st Nursing	Home			323 Dixie	Drive			YES [NO	
		NAME OF DECEASED	First		Middle		Last	4. DATE	Month	I	Day Y	eer	
		(Type or print)	Blanche		н.		Browning	DEATH	Januar	y 20) 1	962	
	5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B.	DATE OF BIRTH	9.	AGE (In years lest birthday)			ER 24 HRS.	
	F	emale	White	WIDOWED	DIVORCED	□ De	c. 13, 1878	3	83 yrs.	Months Dey	ys Hours	Min.	
	1De dor	. USUAL OCCUPAT	ION (Give kind of work orking life, even if retire	10b. KIN	ID OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Cou	nty & Stete, or	loreign country)			COUNTRY?	
		Housewif	e				Maryland			U.	S. A.		
	13.	FATHER'S NAME		4. MOTHER'S MAIDEN	NAME								
		James Fri	st				Annie Amel	lia Bear	m				
			YER IN U.S. ARMED FOR		OCIAL SECURITY NO). 17. IN	FORMANT		Address				
		No			7	Mrs.	Marguerite	Smith.	- 323 Di	xie Dri	ive #	4	
		18. CAUSE OF I	DEATH [Enter only one	couse per li	for (e), (b), end (e)		, , /				INTERVAL		
		PART I. DEAT	H WAS CAUSED BY:	1	Pmob2	72/	Alem	anh			ONSET AN	Lean	
		- 2	1 1	1	71		. 100	1	1				
		Candidana is an	DUE TO	9	01.01	, 10	-4/(811	0111	relie	hari-	10 -	/	
n		Conditions, if any	iete ceuse		ence	ar	qui ou	ello	eever				
П		(e), stating the u	inderlying DUE TO			0					/		
		ceusa last.) (c)					DISTANCE	CONDITIONS	FALINI DADT SI	1. 10 11/4/	ALITOROV	
	o	PART II. OTHE	R SIGNIFICANT CONDI	TIONS CONT	KIBUTING TO DEATH	ROI NOI	RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PAKE IL	PER PER	FORMED?	
	8										YES	NO C	
8	CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	2Db. DESC	RIBE HOW INJURY C	OCCURED.	Enter neture of injury in	Pert I or Pert II	of item 1B.)				
9	Y	20c. TIME OF INJU	JRY Month, Dey, Ye	er 20d. IN	NJURY OCCURRED	2De. PLAC	E OF INJURY (Home, fer	m, ; 20f. (City	or town)	(County	')	(Stete)	
	MEDICAL	Hour a.m. p.m.	19	While et work	Not While et work	factor	y, street, office bldg., etc	c.)					
		21. I certify	that (I) (this hospi	all allend	ed the deceased	from	tan,	19.5.7 to.	/an	20,62	, that (1)	(www last	
		0.00					death occured at	35.M, from	the causes	and on the	date sta	ted above.	
		22e. SI NAT R	101	FILT		10						2b. DATE	
		HILL	RHOSK	Man	Ma	/ M.D	- auruc	MED. DIRECTOR	STAFF PHYS.			SIGNED	
		22c. PHYSICIAN'S		Gas C.	meun	up	22d. ADDRESS						
		NAME (Type)										
	230	BURIAL CREMAT	ION, 236. DATE THE	REOF	23c. NAME OF CE	METERY O	R CREMATORY	23d, LOC	ATION (City, tow	yn or county)		(Stete)	
	-	REMOVAL (Specify)										
	_	durial	11-23-62		ADDRESS	aper	Cemetery		esville,		NATIBE		
	24	FUNERAL DIRECTO	A SIGNATURE	1	A DUKESS					Tithung &			
!	4	111 4	MCKILL OF	sons	Jule !	12,1	Xd DATE						

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL R

45	KESEAKCH AND	KECOKDS,	201 AA	. PRESION	DIKEE!,	DALIIMO
7	CERT	IFICATE	OF	DEATH		

00217	CERTIFICATE	OF DEATH		00214
1. PLACE OF DEATH •. COUNTY		2. USUAL RESIDENCE (What	e decessed lived, If institution:	Rasidence before admission)
Baltimore	MARYLAND	. STATE Marylar	ed b. COUNTY BO	altimore
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RURAL er	nd give neerest town)
Overlea		X Overled	2	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospit	al, give street eddress)	d. STREET ADDRESS	0 1	IS RESIDENCE ON A FARM?
529 Old Home Road		529 Old t	tome Road	YES NON
3. NAME OF First	Middle	Last 4. DA'	TE Month	Dey Yeer
(Type or print) // (harles	Henry Bu	ickley DEI	Justinity.	25th 19 62
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years IF UNDER Months	Deys Hours Min,
male white widowed		Jan. 27, 1867	94 yrs.	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retiged)	D OF BUSINESS OR INDUSTR	11. BIRTHPLACE (County & State	o, or toreign country) 12. CI	TIZEN OF WHAT COUNTRY?
Ret. Mechanical Ingin	reer	Snappsourg,	narycana	4.5./1.
13. FATHER'S NAME		Mary Righel		
Nev. J. W. Duckley		0		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SC (Yes, no, or unkown) (Ifyesgivewerordetesofservice)	OCIAL SECURITY NO. 17. I	NFORMANT	Address	1 H P
1220	1/05/8239 11	br. Rishel Buc	kley 529 Ul	d Home Road
1B. CAUSE OF DEATH [Enter only one ceuse per line PART I. DEATH WAS CAUSED BY:	for (a), (b), end (c).	16. 16. 459		ONSET AND DEATH
IMMEDIATE CAUSE (e)	noucure	il Hears N	come	rys
72000 DUE TO Ass.	201441-	, Alatinia		5-10
Conditions, if any, which geve rise to immediate cause	meraline	aurum	wow	gu.
(a), steting the underlying DUE TO	TO THE REAL PROPERTY.			STONE IN
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISE.	ASE CONDITION GIVEN IN PAR	RT 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTE				PERFORMED?
208. ACCIDENT WAS UNDERLYING FI 20b. DESCR	RIBE HOW INJURY OCCURED	(Enter neture of injury in Pert I or P	tert II of item 18.)	TES NO [2]
OR CONTRIBUTING CAUSE OF DEATH				
			(City or town) (Co	unty) (Stete)
20c. TIME OF INJURY Month, Dey, Yeer 20d. IN While et work	1401 1111110	ory, street, office bldg., etc.)		
21. I certify that (I) (this hospital) attende		march 4, 195 V	10 Dens 25 10	4.2, that (i) (we) last
100	. /	death occured at		
22e. SIGNATURE	z	dodni occursa diniginini, i	1	22b. DATE
George Dawyer	M	D. PHYS. MED. DIRECTOR	PHYS. //	15/62 SIGNED
22c. PHYSICIAN'S NAME (Type) GEORGE SAW	YER-M.D.	22d. ADDRESS 4808 Ha	ersone Rd	Balto 14
	23c. NAME OF CEMETERY	OR CREMATORY 23d.	LOCATION (City, town or cour	ity) (Slate)
Burial 1/27/62	Green Moun	t (metery E	Baltimore, Mc	ryland
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25e, REC'D BY RE	EGISTRAR 256. REGISTRAR'S	
Leonard J. Ruck 5305 H	artord Road	#74 DATE JAN 2	9 '62 arthur	S. Kineits

Ithe funeral PHYSICIAN: The law requires that the death certificate be executed within 24 Pages death. Page 4 in the State DING PHYSICIAN: The law requires that the death certificate be executed within death. Page 4 in the second by the hospital or attending physician.

TO FUNERAL DYSECTOR: After this certificate has been signed by the attending physician and completely filled i director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the state Dept.

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18 Film 305&Item ARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 06218 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) 1. PLACE OF DEATH e. COUNTY e. STATE b. COUNTY of Health Baltimore MARYLAND Baltimore County b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give nearest town) Middle River Middle River dir d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE e retained for the State Boz er death, ON A FARM? Glenwood Court YES NO Glenwood Court 3. NAME OF 4. DATE Middle DECEASED OF (Type or print) DEATH JOHN 1962 BUKRY January 16 ithin 24 hours after death.

i. Give Pages 1, 2, and 3 to orm PM3. Page 5 may be Affe Pages 1 and 2 with the Page 1 and 2 with the Pages 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (in years | IF UNDER ! YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months | Days Hours Min. DIVORCED X Male WIDOWED White 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) AUTO MECHANIC REPAIR HEW JERSEY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME hould be executed by in pencil in Item 18. Give by Office along with form PW a burial-transit permit Affe premoval, and in any event we movel. ZTANLEY BUKRY JOSEPHINE CHARA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyasgive war or datas of service) 215-16-9601 PAUL CORSIGLIA ROS TUCKAHOE RD 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Alcoholish chechic IMMEDIATE CAUSE (a) r's Office s s a burial-ti removal, s DUE TO Arteriosclerotic cardiovascular disease of our Conditions, if any, which "pending" gave rise to immediate cause g the word "pending f Medical Examiner's should be used as a rial, cremation, or re DUE TO (a), stating the underlying cause lest. ion PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTORSY PERFORMED? ASALFALAAN AR ROOM AALO KEACHEA! CALLAGEE AR LEKL AWAD YES X NO 1 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. icate, writing the to the Chief NOR: Page 3 st prior to buria 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED (State) factory, streat, office bldg., atc.) While Not While at work at work forwarded to 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER lease execute the should be forwing FUNERAL DI r its designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S HOWARD G. SHAUB, M. D. Add NAME (Type) Address (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) ₫40 g GARDENS OF FAITH CEM BALTO. BURIAL 23. FUNERAL DIRECTOR 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME SM 9/60

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174		DIVISION OF STATISTICAL RESEARCH AND RECORDS		RE 1, MARYLAND
5 EP		00219	E OF DEATH	00216
funeral should		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If I	
≥ 50 F V		b. CIT OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	MARYLAND	DALIO.
4		write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporala limits, write	RURAL and give nearest town)
d d d	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
with y fille Pag ours		# 2 DOLL LANE	# 2 DOLL LANE	ON A FARM? YES NO
recuted mpletel papers in 72 h		NAME OF DECEASED (Typa or print) JANICE ELIZABETA	4 BURKETT DEATH JAN	17 1962
and co	5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 4/28/45 9. AGE (In years last birthday) 6 yrs.	Months Days Hours Min.
icate cian cian cove		u SUAL OCCUPATION (Give kind of work pe during most of working life, even if retired)	RY II. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
removicie		PAITRESS PATHER'S NAME	MARILAND	V.S.A.
th of the or			MURIFL RUTH	ROSIEV
dea ndin ple and		WILLIAM A. CLEMENTS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.		DOJEE
the safte Then oval,	(Ya	is no or unknown) ((fyasgiya waror dates of sarvice)	MR. 5 HERMAN BOSLEY JR.	FINKSBURG, M
s than the sen.		1B. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
vires Vsici		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HIP PLOT PARTY	ANIII INVANTALIANI	1210/X/h/
req phy igne nsit tion		754,5 DUE TO	- 00	
law ding en s II-tra ema		Conditions, if any, which gave rise to Immediate cause	Densey JACK LANTER	1111/grass
The office of th		(a), stating the underlying DUE TO Congenital H	leart Dische	X
N: or a or a the b buria	7	cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OF DELATED TO THE TERMINAL DISEASE ONDITION GIV	EN IN PARTITIONS
lital as to t	CERTIFICATION	Helinesel a accept	- La pontaneo	PERFORMED?
rSI(hosphosphosphosphosphosphosphosphosphosp	IFIC)	200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY/OCCURED	D. (Entar nature of in Vry in Part I or Part II of Ilem 18.)	Comment of the second
PH the his of for the	CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
MG Ched Heal	MEDICAL		ACE OF INJURY (Homa, farm, 20f. (City or town)	(County) (State)
NDIN ained ained deta deta bt. of	MED	Hour a.m. While Not While tac	story, straat, office bidg., alc.,	
0.8 9		21. I certify that (I) (this hospital) attended the deceased from.	1-1-48,01-17-	619.2., thet (I) (we) last
Ding of Ding		saw the deceased alive on	t death occured a	
S. S		22a. SIGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNED
A1.		22 PHISICIAN'S STAFFELL A	N.D. PHYS. DIRECTOR PHYS.	1-1/-62
Page NERA NERA d with		NAME (Type) DR. JAMES JG. SAFFEL.		STERSTOWN, ME
HO ath.	23		OR CREMATORY 23d. LOCATION (City, tow	
0 g G g g	_	BUDIAI 1/20/02 WESIMINS		ISTEK, MD
VR A15 (4) 15M 9/60	24		AIN 57, 250. REC'D BY REGISTRAR 256. REC	
13M 7/00	4	fames I , saffrage west MIN.	STERMDATE WALL 1 9 102	unua S. Kraus

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e hospital or attending physicion.

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e deoth certificate be executed within 24 haurs affineeth. Page 4 ottending physician and completely filled in by 14 heral director, n please remove carbon papers. Pages 1 and 2 sh. be filed with 1 within 72 hours ofter death.	3. P (() 5. S m. 100.	D. CITY C RURAL D. NAME OR IN NAME OF DECEASE Type or
0 0 -		

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	1

	N	MAKYL	AND	STATE DEPAR	IMI	ENI OF HEALIH	-BA	LIIMORE, 18	3				
	00	220		CERTIF	ICA	TE OF DEATH	1		Reg. Dist. No	. 111	121		
1. PLACE OF DEA o. COUNTY Bal	timore			MARYLA	ND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland Baltimore							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk (22)					1 1ь	c. CITY OR TOWN (If or Dundalk	,	porote limits, write RUF	RAL and give n	earest tov	rn)		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 7101 Martell Avenue						d. STREET ADDRESS 7101 Ma	rtel	l Avenue		ON	SIDENCE A FARM? NO 🔼		
DECEASED		First HENR		Middle DANIEI	J	BUSH	4. DATE Mon OF DEATH Janu		1 .	ch, 162			
5. SEX male	6. COLOR		7. MARR	ED DIVORCED		August 8,19	12		Months Days	Hours	-		
during most o	f working life, ever	d of work d if retired)	one 10b.	steel	INDUS'	DUSTRY 11. BIRTHPLACE (Stote or foreign country) Maryland USA							
13. FATHER'S NAM	erick E	Bush				Margaret Shipley							
15. WAS DECEASE (Yes. no. or unknown)	DEVER IN U. S. AI			SOCIAL SECURITY NO07-0101		Ila A.Bush		same as	#2				
	DEATH (Enter of DEATH WAS CALL	USED BY:	se per lii	RONOHO	65	NIC CA	Rai	NOMA			ETWEEN D DEATH		
gove rise	if any, which to immediate oting the <u>under-</u>	(b). DUE TO											

	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE	(O) DRUVCU	OSENIC CAR	CONOMA	740			
CATION	Conditions, if ony, which gove rise to immediate couse (a), stating the <u>under-lying couse last.</u>	(b)						
	PART II. OTHER SIGNIFICANT CO			AL DISEASE CONDITION GIVEN IN	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO			
CERTIFIC	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINE	TH	OCCURRED. (Enter nature of injury in Pol	rt I or Port II of item IB.)				
MEDICAL	20c. TIME OF INJURY Month, Doy, Hour a.m. p. m.	While Not while	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		(County) (State)			
	21. I certify that I attended to	1 4	at death accurred at 1:30AM, from the causes and on the date stated of					
	ACTUAL SIGNATURE	a mortionial	M.D. 6714 Holat	port Avenue	1/5/62			

TO FUNERAL DIRI poge 3 should be VS A15 (4) 15M 9/55

TO HOSPITAL OR

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 1/6/62

23. FUNERAL DIRECTOR'S SIGNATURE

Stephen C, MACKOWIAK, M.D.

22d. LOCATION (City, town, or county)

Baltimore Co. Maryland
REGISTRAR'S SIGNATURE
8 '62 Caring S. Mary

Oak Lawn Cemetery Walter Brooks Bradley, Inc., Dundalk 22, Modonie

22c. NAME OF CEMETERY OR CREMATORY

240. REC'D BY REGISTRAR

Baltimore 22, Maryland

(State)

HOR DEATH	CERTIFICATE
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Item 20 Film 305 1-10 ARYTHIND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND 122 MEDICAL EXAMINER'S FOR STATE CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) Jo. 0W.50 N CLUSON Board years d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? r death. If any delay and 3 to the funeral 12 0 CULLVERT be retained th the State B RESERVOIR YES NO 3. NAME OF Middle DECEASED OF (Type or print) UTLER JAN 10 DEATH hould be executed within 24 hours after death. If in pencil in Item 18. Give Pages 1, 2, and 3 to the Office along with form PM3. Page 5 may be represented the person of ox 196 2 DATE OF BIRTH 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lest birthdey) Months Days Hours WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life Leven if tired) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA SCHOOL Pool Maryland guard 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME J. Wilmer Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Lois Gettier Address (Yas, no, or unkown) | (Ifyasgive werordatas of sarvice) Towson Office along with for burial-transit permit omovel, and in any e O 220-42-6362

18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] J. Wilmer Butler 1209 Culvert Rd 4 INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DROWNING ACCIDENTAL IMMEDIATE CAUSE (e) DUE TO removal, Conditions, if any, which "pending" gove rise to immediate couse (0) certificate, writing the word "pending certificate, writing the word "pending certificate," — "hist Medical Examiner's DUE TO (e), stating the underlying as pe nseq cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO pinous 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury In Part I or Part II of item 18.) the Cr. Page 3 sr. PRIMARY IT or CONTRIBUTING IT Fell through the ice while skating CAUSE OF DEATH. Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or fown) 20c. TIME OF INJURY (County) (State) factory, streat, office bidg., atc.) Whila Not While at work at work prior och Raven Reservoir Towson lease execute its certificate, should be forwarded to the PUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 12 Inquiry 4 designated agent, death resulted from: Natural causes Accident | Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY NAME (Type) WILLIAM A. PILLS.C Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) York Rd Cockeysville Md Burial 1-5-1962 5 Dulanev Va. Mem Gardens 4 D 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME wilnes & Krous Brooks Funeral Service, Inc Towson Md 5M 7/59 DATE

LEASON SHEAR OF THE STADES CHARACTER OF DESCRIPTION AND THE PROPERTY OF THE PR vertice ciol welfor south. 220-42-6362 J. wilmer Butler 1209 Colvert Book the affive value of the More Toron Toron New Year for Sect -1-1 Tarres Troom Jumerel Service, into Towson 31 ... 38 5 'Clerk and I'de

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	111/1/		G	<i></i>				Reg. D	ist. No	116.	1.7
1. PLACE OF DEATH o. COUNTY B	altimore		MARYLAND	2. USUAL o. STAT			b. COUNTY		imo		ion)
b. CITY OR TOWN (I RURAL ond give no Dunda		ts, write c. LI	Weeks	c. CITY	OR TOWN (I		orote limits, write R	URAL one	give nec	orest town)
OR INSTITUTION	O2 Searle		55)	d. STR	2202	- 6	les Roa	đ			IDENCE FARM?
3. NAME OF DECEASED (Type or print)	ROSE	st	Middle	BYRO	Lost ADE	4. DATE OF DEATH	Mon		2		Year 19 62
5. SEX Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED [] DIVORCED []	B. DATE OF	10, /J	377 1 37 8	9. AGE (In years last birthday) yrs.	Months Months	R 1 YEAR Doys	Hours	R 24 HRS. Min.
Manage	ting life, even if retired)	of Business or IND tment Hol		Kansa		country)	12. C	U.S		COUNTR
13. FATHER'S NAME Wes	ley Carn	ney		14. MOTI	Nancy	44	ron				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dates of s			en W.	Byro	ade	1127 H	St	ree	t	
	TH [Enter only one ca TH WAS CAUSED BY: IMMEDIATE CAUSE (o	Carl	(a), (b), and (c).]	enlu	200	iccu	dent			ERVAL BE	
Conditions, if ony, which gove rise to immediate (b) Hyperleusevil Cardio Vascular desease 30 yr											
couse (o), stoting lying couse lost.										-	
PART II. OTH	ier significant con	DITIONS CONTI	RIBUTING TO DEATH BU	T NOT RELATI	D TO THE TER	MINAL DISEAS	SE CONDITION GIV	EN IN PA	RT 1(o) 1	PERFO YES	RMED?
200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING D CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCURE	ED. (Enter nat	ure of injury i	in Port I ar Pa	rt II of item 18.)				
Y 20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Day, Yea	While	OCCURRED 20e. I	LACE OF INJUDICION STREET,	JRY (Home, fo office bldg., e	etc.) 20f. (Cit	y or town)		(County)		(State)
21. I certify th	21. I certify that Lattended the deceased from 2 June, 1962 to 2 June, 196 3thot I last saw the decease										
ACTUAL SIGNATURE	AN AN	lour	won	MD	3 k		Street, city or town,			12	TE SIGNE
PHYSICIAN'S NAME (Type)	W. H.	Mor,	rison		7	Dur	ida 1	K	22	2 1	40
220. BURIAL, CREMATION	1-5-196		NAME OF CEMETERY				TION (City, town, c			land	
23 FUNERAL DIRECTOR'S	S SIGNATURE	7000	ADDRESS		04- 05	CID BY BECIE	TOAR OLD BECK				

TO FUNERAL DIRECT. After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached for use as the buriol-transit permit. Then please remove carbon-papers. Pages 1 and 2 sharther registrar prior to buriol, cremation, or remayal, and in any event within 72 haurs offer death. TO HOSPITAL OR VS A15 (4) 15M 10/57

of director.

Page 4

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

John J. Duda

7922 Wise Avenue Dundalk, Maryland

24a. REC'D BY REGISTRAR DATE AN 8 162

John S. Henris

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y the funeral and 2 should ours after carbon papers. Pages I, within 72 hours after The law requires that the death certificate be executed within D HOSPITAL CALL OF TENDING PHYSICIAN: The law requires that the death certificate be executed within death. Page 4 1 oe retained by the hospital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove capen papers. Page be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any every, within 72 hours a TO HOSPITAL
death, Page 4
TO FUNERAL VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		00223		CERTIFICAT	LE O	F DEAT	Н			111	1221	•		
1.	PLACE OF DEATH	O C AL AL O			2.	USUAL RESID	ENCE (Whe	ere deceesed live		tution: Residen	ce befora e	dmission)		
	e. COUNTY Balt:	imore		MARYLAN		Maryla	nd		Balti	imore				
	b. CITY OR TOWN (if	outside corporata limi	ts, c.	LENGTH OF STAY IN		c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)								
	Ballimore	give nearest town)			XI	Baltimor	e							
	d. NAME OF HOSPIT	AL OR INSTITUTION (if not In hospite	l, give street eddress)		d. STREET ADDR	ESS					ESIDENCE A FARM?		
C	napel Hill	Nursing Ho	ome		15-	3614 Fo	rest H	Hill Roa	d #	¥7	YES _	NO 🗌		
3.	NAME OF DECEASED		Last	4. DA	TE /	Month	Dey	Yee						
	/True natual	arie S.	Cadwe	ell				W 1914 0	uary	1	19	62		
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DAT	TE OF BIRTH		9. AGE (In y		JNDER 1 YEAR	IF UNDER	24 HRS.		
	emale	White	WIDOWED	DIVORCED [Marc	ch 14, 1	.886	70	rs.					
		ON (Give kind of work king life, even if retire		OF BUSINESS OR INDU	JSTRY 11.	BIRTHPLACE (County & Stet	te, or foreign cou	ntry)	12. CITIZEN O	F WHAT C	OUNTRY?		
	Homemaker					altimore	, Mary	yland		U.S.	.A.			
13.	FATHER'S NAME				14.	MOTHER'S MAII	DEN NAME							
45	Christian					Marga	aret '	?						
		R IN U.S. ARMED FOR yesgivewarordatesofs		CIAL SECURITY NO. 1					dress					
_N	O CHANGE ON D	P W PPRY IF A		M:	r. Ca	rdiff L.	. Cadwe	ell-3614	Fore		IRO BET			
		EATH [Enter only one I WAS CAUSED 8Y:			MONTO	TT WITHIN	3.600 (D.A. CM	mnono —		10	SET AND	DEATH		
	1/1	MMEDIATE CAUSE (a)		OMA OF THE						18	mos.	-		
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	Conditions, if any geverisa to Immadia	ate ceusa					-							
	(a), stelling the undarlying DUE TO													
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY													
CERTIFICATION											PERFC	RMED?		
FICA	BLODSY DE	riprmed at		sity Hospi)		153	100		
CERT	OR CONTRIBUTING	CAUSE OF DEATH		******										
1	20c. TIME OF INJUI	·	er 20d. INJL	JRY OCCURRED 20e.	PLACE OF	F INJURY (Home,	ferm, : 20f.	(City or town)		(County)		(State)		
MEDICAL	Hour a.m.	*****	Whila	NOT WATE		reat, office bldg.	, etc.)	www.h	VVV V					
2	p.m.	19	, -	the deceased from		*****	10		mha-		hat (I) T	Kwai last		
				301961., and										
	22e. SIGNATURE	ed alive onDe		JUIT., and	mar dea	iii occuied a	1919 UN	Mon me can	303 0110	7 On me di		DATE		
	1/1	Mary	1/to	hands	741.0.	ATTENDING PHYS.	MED. DIRECTO	R STAFF		7	1/3/6	SIGNED		
	22c. PHYSICIAN'S NAME (Type)	//				22d. ADDRESS	5101	Gwynn Oa	k Av	enue,				
_		MillardoT.		d, Jr.			Baltin	m-no 7	-1/A					
23	REMOVAL (Specify)	ON, 236. DATE THE	REOF 2:	NAME OF CEMETI				LOCATION (CI			(5	tete)		
-	tombment	1-4-62		Lorraine M	ausol		DECUD ON S	Woodlaw	, Ma	ryland	TURE			
24	FUNERAL DIRECTOR	SSIGNATURE	10	ADDRESS	2. 1		MARI.	REGISTRAR 256	_	Than's SIGNA				
16	WIN & Jice	ERRY 4 YOR	0 121	124.11	Ild	. DATI	-		-	D. 10	salls			

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. COUNTY Page b. COUNTY MARYLAND b. CITY OR TOWN (if oulside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) F Boar for uld be executed within 24 hours after death. If any delay in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral Office along with form PM3. Page 5 may be retained for purial-transit permit. File pages 1 and 2 with the State Booval, and in any event within 72 houry after Death. NAME OF DECEASED DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR last birthdey) WIDOWED K DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life; even if retired) 13. FATHER'S NAME 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) ((If yes give wer or deles of service) Office along with burial-transit permi 201 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which "pending" gava rise lo immediele ceuse 10 Examiner's DUE TO (e), steting the underlying 88 ò couse last. be used cremation, PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION Medical pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 2xerc Chief certificate, writing lease execute the certificate, writing should be forwarded to the Chief should be forwarded to the Chief Formark prior to be been prior to be 20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) Not While factory, street, office bldg., etc.) at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry X designated agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Specify) Maryland OI 940 0 Burial Druid Ridge Cemetery Baltimore 24a. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 8728 Liberty Road

Randalls town. Md.

a. IS RESIDENCE

ON A FARM? YES NO K

19 62

IF UNDER 24 HRS.

PERFORMED? NO

(State)

and in my opinion

DATE SIGNED

arthur & Trave

DATE JAN 2 6 '62

Hours

VS. A15ME 5M 7/59

NEW TOTAL SERVICE SERVICES SERVICES THE TOTAL SERVICES AS A SERVICE SERVICES OF THE SERVICES O THE RESERVE THE PROPERTY OF THE PARTY OF THE MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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1. PLACE OF DEATH	Ltimore	MARYLAND	2. USUAL RESIDE	NCE (Where deceasery land	ed lived. If institution b. COUNTY			n)
b. CITY OR TOWN (I RURAL and give no Baltimor	If outside corporate limits, write earest town) ?e 12,	c. LENGTH OF STAY IN 16	c. CITY OR TO		orate limits, write R	URAL ond give no	1	
d. NAME OF HOSPII OR INSTITUTION	TAL (If not in haspital, give street 803 Tred Av		d. STREET AD	oress 3 Tred A	von Rd.		e. IS RESID ON A F. YES	ARM?_
3. NAME OF DECEASED (Type or print)	GEORGE RE	Middle VELL COLEBUR	Last N	4. DATE OF DEATE	Mon	1-9	Day Ye	or 62
5. SEX male	6. COLOR OR RACE 7. MAR WIDOW		B. DATE OF BIRTH 1-24	-1899.	9. AGE (In years last birthday) 62 yrs.	Months Days	+	24 HRS. Min.
attorne	ON (Give kind of work done 10b king life, even if retired)	self employe	d Vi	rginia	cauntry)	12. CITIZEN	U.S.A	
	t P. EXXXXX			tha Kell			Y-111	
15. WAS DECEASED EVE (Yes, no, or unknown)	ER IN U. S. ARMED FORCES? [If yes, give wor or dates of service]		Mrs. He	rmine H.	Colebui		ove	
Canditions, if a gove rise ta i cause (a), stoting lying cause last.	the <u>under-</u> DUE TO	Chronic	Julo.	replen:	h's aus	el gout	6 ru	out
CATIC	HER SIGNIFICANT CONDITIONS					/EN IN PART 1(a)	19. WAS AU PERFORI YES	MED?
	AS UNDERLYING 20b. DE G CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	ED. (Enter noture of	injury in Part 1 or Pa	art II of item 1B.)			
20c. TIME OF INJUI Hour a. m. p. m.	While		ACE OF INJURY (Heatform, street, office I		ty or town)	(County	y)	(Stote)
21 I certify the	at (1) (this haspital) attenued alive an James		Sept 27 death accurred	1961 . ta		1962 and an the dat		
	trong acen	ent	M.D. ATTENDING	MED. DIRECTOR	STAFF PHYS.			DATE
22c. PHYSICIAN'S NAME (Type)	ANTHONY AL	BRECHT	LOCH.		SHOPPING	CENTE	ALTIM	CRE
23a. BURIAL, CREMATIC PEMOVAL (Specify BUBCrema	23b. DATE THEREOF ation 1-11-6	23c. NAME OF CEMETERY C			ATION (City, town,		(Stote)	
24. FUNERAL DIRECTOR		ADDRESS TOWS		250. REC'D BY REGI		STRAR'S SIGNAT	URE	

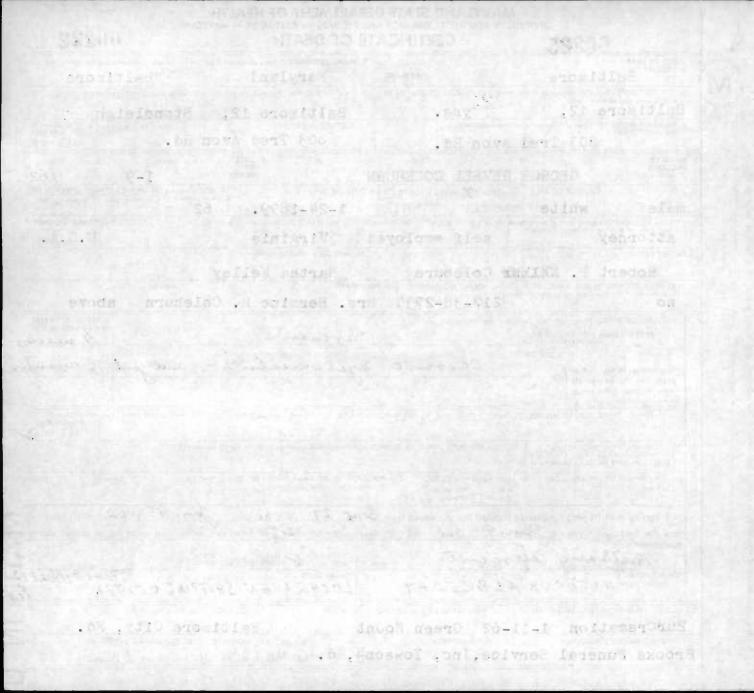
D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shouthe State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death. IG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after ospital or attending physician.

il director, filed with

Page 4

TO HOSPITAL OR AT may be retained by

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15	S > cute the certifice fing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director	15/	SS TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar priar	5
4	443	0.4	22	
	M	7/	22	

		00228	ME	DICA	LEXA	9 Fil	ER'S	CERTIFICA 305 1/11/	TE OF	DEATH	Reg. Dis	I. No.	0223
I. PLAC	E OF DEATH							2. USUAL RESIDENCE				nce before	odmission)
u. cc	201411	Balto.	Co.			MARY	LAND	o. STATE Mary	land	b. COUNT	Ba	Hi	no re.
b. CII	Y OR TOWN (Il outside corporate	limits, write	RURAL	c. LENGT	H OF STAY	IN 1b	c. CITY OR TOWN	(If outside corp	orale limits, write	RURAL ond	give neor	rest town)
		ers Stat	ion		I	ife		Dun	dalk -	Turners	Static	on	
d. NA	WE OF HOSPI	TAL OR INSTITU	ITION (f not in hosp	pital, give :	street address	s)	d. STREET ADDRESS		- LATENCE			. IS RESIDENCE
1	.07 Avor	ndale Ro						107 Avond	ale Ro	1.		1	ON A FARM?
	NE OF ASED or print)	SALRI/	4			Middle	80	les tost	4. DATE OF DEATH	Mont	h 3/62	Day	Year 1962
5. SEX		6. COLOR O	R RACE	7. MARRIEI	D NEV	ER MARRIED	8.	DATE OF SIRTH	124	9. AGE (In years fost birthday)	IF UNDER 1	YEAR IF	UNDER 24 HRS
Fem	ale	Colore	ed	WIDOWED		DIVORCED		Dec. 24, 19	56	18 yrse	Months E	Days H	lours Min.
10a. USt	JAL OCCUPATI	ON (Give kind	of work d	lone 10b. KI	IND OF 8L	ISINESS OR	INDUSTR	Y 11. BIRTHPLACE (Stol	e or foreign co		12. CITIZ	EN OF V	VHAT COUNTR
during	most of work	ng life, even if	retired)	Ch	ild			Bartimore	Citiv.	Md.			
3. FATI	HER'S NAME			1	and the			14. MOTHER'S MAIDEN	- 4				
) AT	vin W	n. Cole	25					Helen Brow	n				
		ER IN U. S. AR		CES? 16. S	OCIAL SEC	CURITY NO.	17. IN	FORMANT	11	Address			
{Yes, no, e	or unknown)	(If yes, give wor	or dates of s						7- 00			11	
I.o.	0.1102.07.02	ma le			- Di (L)		1 ra	s. Helen Co	Te SC	28 lit. F	royar.	Cerr.	
18.		ATH [Enter only ATH WAS CAUS!		/_		moni						ONSET A	BETWEEN ND DEATH
COTION (o)	6	underlying	Ha	Phac	-Kd	mu	7 Cas	OT RELATED TO THE TER. Less A. Item adure of injury in P.	ovels	ne sue	VEN IN PART	1(o) 19. YES	PERFORMED?
PRIA CAL	JSE OF DEATH	NTRIBUTING			C								
	Hour o. m.	IRY Month,	Day, Yea	While	NJURY OC	while	De. PLAC factor	E OF INJURY (Home, for ry, street, office bldg., et	rm, 20f. (City	or town)	(Cour	nty)	(State)
AC SIG		from: No						e, held an Autap ide, Hamicid M.D. CHIEF MEDICAL ASSISTANT MEDI DEPUTY MEDICAL	EXAMINER CAL EXAMINER				are signed
22o. 8UI	HAL PREMATI	ON, 226. DATE	THEREO	F :	22c. NAME	OF CEMETE	RY OR C	REMATORY	22d. LOCAT	ION (City, town,	or county)		(Stole)
Bu	rial rial	1/12	1/62		Arb	utus 1	iem.	Park	Ralt	imore Co	. Md.		
23. FUN	ERAL DIRECTO	R'S SIGNATURE			ADDR				D BY REGISTI		STRAR'S SIGI	NATURE	
I.Im	A Jack	con Bur	Lorral	Homo	Tno	916 1	Pann	a. Ave. DATEN	8 '62	7	w 8. Ku		
William.	AL VACI	DUIT TILL		TIONE	J.IIC.	7-40 3	CITIE	CL ALVO DO TO	0 06	450 50	W. A. 14	all to	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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the funeral ours after TO HOSPITAL ON FENDING PHYSICIAN: The law requires that the death certificate be executed within the country of death. Page 4 in the retained by the hospital or attending physician.

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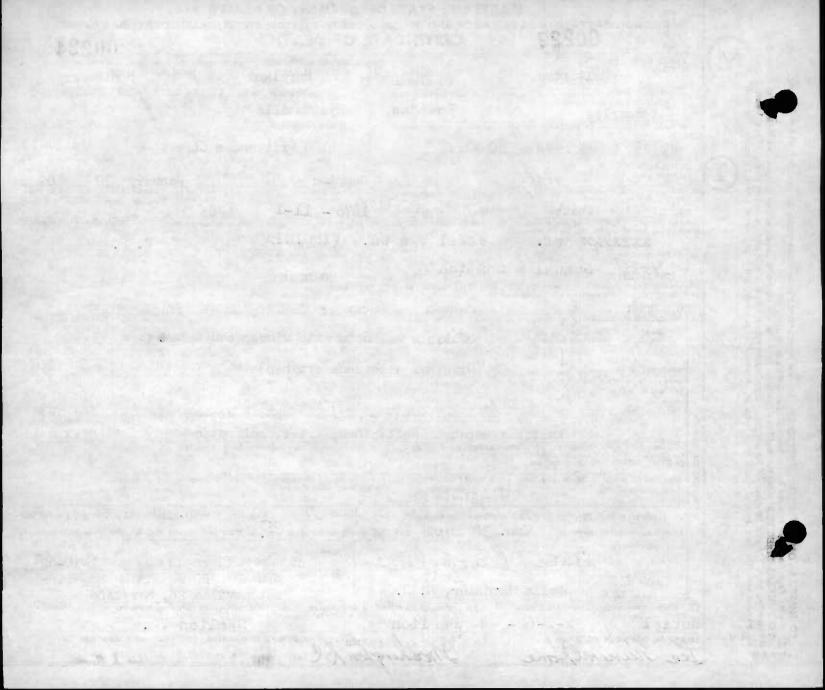
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15. (Y

MEDICAL CERTIFICATION

23 B 24

DIVISION	F STATISTICAL		LAND STATE DE	301 W. PREST	ON STREET	TH , BALTIMOI	RE 1, MAR	YLAND	
	00227		CERTIFICATI	E OF DEAT	Ή		01	1224	
PLACE OF DEATH	Baltimore		MARYLAND	a. STATE Mary		aceasad lived, If in b. COUNT	V	gonery	0
b. CITY OR TOWN (if write RURAL and Cat chsvi	outside corporate limits give nearest town)		c. LENGTH OF STAY IN 16 7 months	c. CITY OR TOWN		porate limits, write	RUR Land give	nearest town	1)
	AL OR INSTITUTION (if	not in hosp	itel, give street address)	d. STREET ADDRES	SS	4	0 0 0 0	e. IS RES	SIDENCE FARM?
SPRING GI NAME OF DECEASED (Type or print)	ROVE STATE First Ursa	HOS	PITAL, Middle	Last Compton	4. DATE OF DEATH	n Stret	Da uarv 3	YES Year	NO 🗌
SEX		. MARRIED	NEVER MARRIED 8	DATE OF BIRTH	19	AGE (In years			
male	white	WIDOWED	March 1	1876 - 11-		85 yrs.			
ona during most of wor	ON (Give kind of work king life, even if refired KIX Let.		nd of Business or Industr Tewel Taa Co		IA	toreign country)	U. S.	OF WHAT CO	DUNTRY?
FATHER'S NAME	0 1 7			14. MOTHER'S MAIDE	EN NAME				
unknown	Samuel I			unknowr	1				
	R IN U.S. ARMED FORCE yes give war or dates of ser		SOCIAL SECURITY NO. 17. 1	NFORMANT		Address			
	EATH [Enter only one of		ne for (a), (b), and (c).]			COVE STA	11	PITAL NTERVAL BETY ONSET AND D	
19	MAS CAUSED BY: MMEDIATE CAUSE (a)_		Multiple mela	noma with w	idespre	ad metast	ases		
Conditions, if any	1 (4)_		(Original site	undetermin	ned)				
(a), stating the un	DITE TO								
Cause last.	SIGNIFICANT CONDITI	ONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TER	MINAL DISEASE	CONDITION GIVE	N IN PART 1(a)	19. WAS A	UTOPSY
TAKI III OTTIEK							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	YES TO	RMED?
208. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY			erebral soften					11.5	
20c. TIME OF INJUI	RY Month, Day, Year	20d. I While	Not While fact	CE OF INJURY (Home, fory, street, office bldg.,		y or lown)	(County)	(State)
		1	led the deceased from	June 30	, 1991, to	Jan. 3	0 , 19.62	that (I) (v	we) last
saw the decease	ed alive onJ	an. 3	019.62, end that	death occured at.	0.55				100000
22a. SIGNATURE	Saile	3	- 1. Oik	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			DATE
22c. PHYSICIAN'S NAME (Type)	(31 33			22d. ADDRESS	SPRING			HOSPIT	
			sler, M. D.		Catonsv	ille 28,	Maryla	nd	4.1
REMOVAL (Specify)	2-2-6;		Bealton	OR CREMATORY	977	alton V		(Sta	ite j
FUNERAL DIRECTOR	'S SIGNATURE	MATE	ADDRESS .	1-80		STRAR 256. REG	STRAR'S SIGN		
ee Jun	ence Home	/	J'asning,	LON DATE	439	62	Tatling ?	Tracks	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL I	RESEARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
00228	CERTIFICATE	OF DEATH		0025

UCRNO	- U C = 1
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decaesed lived, If institution; Residence before admission)
e. COUNTY MARYLAND	a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL end give neerest town)	
DIVITALE	REC A(R- 141) 1232.2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
ALING, CYLLE SAIC HO PLAC	YES NO
3. NAME OF First Middle Middle	Last 4. DATE Month Day Year
(Type or print)	CYPLYSS DEATH AN. 3 19 64
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
MALE WHITE WIDOWED DIVORCED	last birthday) Months Deys Hours Min.
10a. USUAL OCCUPATION (Giva kind of work dona during most of working life, even if retirad)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
CALLENTELL Construction	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
For Copers	Mary Stanton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III (Yes, no, or unkown) (Ifyesgivawarordalesofsarvica) 212-18-0594.	NFORMANT Address
No.	100 100 PC 100 P
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	AOTEL VIOLENT ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1/2/E/- DIETALL
DUE TO	
Conditions, if eny, which (b)	
	Apricroselepesis
(c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?
	YES NO W
	. (Enter natura of injury in Pert I or Part II of itam 18.)
OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Home, farm, † 20f. (City or town) (County) (State)
	ory, street, office bldg., etc.)
p.m. 19 at work et work	
21. I certify that (I) (this hospital) attended the deceased from	, A 19
The state of the s	death occured at
22a. SIGNATURE	22b. DATE
1/1 in 1/1 1/2 1/2	D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type) : TO UK	22d. ADDRESS,
230. BURIAL, CREMATION, 236. DATE THEREOF / 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
REMOVAL (Spacify)	r Cemetery Baltamore, Md.
Burial 1/31/62 noty Redeement	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Wernon Lemmon 4611 Park Heights, B.	
W'V W m of Dom m m 4611 Park Heights, B	STOO MICH DATE OF

the funeral TO HOSPITAL OF TENDING PHYSICIAN: The law requires that the death certificate be executed within a death. Page 4 metalined by the hospital or attending physician.

Yes IN FUNERAL LARECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

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A Level of the Act of the Section of

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before edmission) a. COUNTY a. STATE b. COUNTY Baltimore MARYLAND Anne Arundel b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL end give neerest town) write RURAL and give nearest town) days Annapolis Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Veterans Administration Hospital 5 Washington Street NAME OF 4. DATE Month DECEASED (Typa or print) ASHTON CORITM DEATH January 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR last birthday) Months | Male Negro WIDOWED DIVORCED January 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Delaplane, Virginia Truck Driver Storage Company U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carrie Ashby Enoch Corum 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Clinical Records dress VA Hospital (Yes, no, or unkown) | (Ifyesgivewarordatesofservice) Baltimore 18, Maryland-FORT HOWARD DIVISION 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] DEATH WAS CAUSED BY: PULMONARY INFARCTIONS IMMEDIATE CAUSE (a) DUE TO Arteriosclerotic Heart Disease Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CATION ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

PERFORMED? NO F

20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town)

(County) factory, straet, office bldg., etc.) While Not While Hour a.m. at work at work

22b. DATE 22a. SIGNATURE SIGNED

ATTENDING Y PHYS. PHYS. DIRECTOR M.D 22c. PHYSICIAN'S

3900 Loch Raven Blvd. Baltimore

. IS RESIDENCE

YES NO

Year

1962

IF UNDER 24 HRS.

Min.

Hours

INTERVAL BETWEEN ONSET AND DEATH

Week

(State)

Unknown

Dave

ON A FARM?

NAME (Type) Bathon, M.D. 18. Maryland, Fort Howard Division 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) REMOVAL (Specify)

Baltimore, Maryland Baltimore National Buria 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

000 Brantley DATE JAN 3 1 '62 Ave. Circhar & Thank O. Wilson Funeral Home Balto

and 2 death. hours after Pages filled papers. n 72 ho completely within carbon and physician please attending removal, or attending physician.
I has been signed by the a
he burial-transit permit. The the bur burial, the hospital or certificate Se 0 use prior for R: After this detached for ECTOR: 20 pinous

funeral

death. Page TO FUNERAL director, page 3 VR A15 (4)

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A1 Joseph To make the little and the Line Line of the state of the little and the li So to de verposto de la lacida de The time of the second of the A we She to a new Set 185 with the set of the least of the set second field . Dyle suyon dood Dive S. W. nighting II leaved Incheser braund days them the bare margine remaining the had been as a second of the country A Liling C. Wilson Duneral Mese Edito. Ity Ist.

MA	ARYLAND S	TATE DEPAR	TMENT OF H	HEALTH-BAL	TIMORE, 18
00230	MEDICA	L EXAMINE	R'S CERTI	FICATE OF	DEATH

Rog. Dist. No.11227

n. COUNTY Baltimore	MARYLAND	o. STATE Baltimon	re b. COUNTY Bar	dence before odmission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) ESSEX (21)	c. LENGTH OF STAY IN 16		ide corporate limits, write RURAL or	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	spital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
Box 375 S. Marlyn Ave.		Box 375 S. 1	Marlyn Ave.	YES NO
3. NAME OF First DECEASED (Type or print) Anthony Ja	Middle mes Dausch	Lost 4. E	DATE Month of DEATH January 25.	Day Year 19 62
5. SEX 6. COLOR OR RACE 7. MARRIE		DATE OF BIRTH	9. AGE III YOUTS IFUNDE	R TYEAR IF UNDER 24 HRS.
Male White WIDOWEI		June 24. 1900	last birthday) Months	Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done 10b, k during most of working life, even if refired) UNKNOWN		, – ,		TIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
George Dausch		Mati	lda ?	
(Yes, no, ar unknown) [[If yes, give war or dates of service)		rormant teran's Admini	Address stration Fayettee	e & St. Paul St
PART I, DEATH WAS CAUSED 8%: IMMEDIATE CAUSE (o) Conditions, if dny, which gove rise to immediate cause (o), stoting the underlying Couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CO		OT RELATED TO THE TERMINAL		RT 1(0) 19. WAS AUTOPSY PERFORMED?
PRIMARY LI OF CONTRIBUTING LI CAUSE OF DEATH. Z 20c. TIME OF INJURY Month, Day, Year 20d. 1	fanta			YES NO Q
Hour o. m. 19 While of wo	Not while Tocio	, and a stage of the stage of t		V. C.
21. I certify that I took charge of the I death resulted from: Natural causes.		ide, Homicide	, Undetermined cause	
SIGNATURE EXAMINER'S SALK C	Collins	_M.D. CHIEF MEDICAL EXAMI ASSISTANT MEDICAL EXAM DEPUTY MEDICAL EXAM	CAMINER [1-2962
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR		LOCATION (City, town, or county)	(Stote)
Burial 1/30/62	Balto. Nation		Baltimore, Maryla	
James E. Bruzuzinski 1407	Eastern Ave.	240. REC'D BY JAI	N 9 1 100	IGNATURE 1 2. Thomas

VS. A15ME(5) 5M 9/55

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	SPEC SECTION AND ADDRESS.	Months of the control
		STATE OF STA
	Carlotte Carlotte	
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TO HOSPITAL OF TENDING PHYSICIAN: The law requires that the death certificate be executed within a death. Page 4 in the retained by the hospital or attending physician.

**TO FUNERAL DESECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after.

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			AND STAT							A DVI	ANID	
DIVISION O	00001	RESEARC	CERTIFIC			ATH	SIKEEI,	BALTIMOR	E 1, M	00	228	
PLACE OF DEATH	UULUL				2. USUAL I	ESIDENC	E (Where d	caased lived, If I	nstitution:	Residen	e before e	dmission)
a. COUNTY	0				a. STATE	20 -		b. COUN	TYA	11 1		
Baltimor	e Co.			YLAND	CITY O	Jary		1. 1. 1. 2.	PURA	1	nere	
	fourside corporale limits, giva nagrast town)		c. LENGTH OF ST	AT IN ID	c. CITY O	K IOWN (II	outside corp	oreta limils, writa	KUKAL er	na give i	nearest tow	n)
Dundalk			9 vears		X Dune	falk						
d. NAME OF HOSPIT	TAL OR INSTITUTION (if	not in hospi	el, give street edd	ress)	d. STREET	ADDRESS						SIDENCE A FARM?
118 Will	our Court				118 14	Llow C	iount.					NO 🗍
NAME OF	First	= -	Middle		Last		4. DATE	Month	-	Dey	Year	
DECEASED (Type or print)	(7) B			50			OF DEATH	_	74.		10	60
	Thelma		В.	Day				Janu	berkeley of the	th	19	
SEX	6. COLOR OR RACE	. MARRIED	NEVER MARRI	ED 8	. DATE OF BIRT	Н	9	. AGE (In years I last birthday)	Months	Days	IF UNDER Hours	Min.
Female	Colored	WIDOWED	DIVORC	ED J	an. 1	5. 192	2]	40 yrs.	Monnis	00,5	110013	,,,,,,,,
. USUAL OCCUPATI	ON (Give kind of work		OF BUSINESS O	R INDUSTR	Y 11. BIRTHPL	ACE (County	y & Stete, or	foreign country)	12. CI	TIZEN O	F WHAT C	OUNTRY?
ine during most of wo	rking life, even if retired	Wife			Camal	ino Co	. Vir	minia				
FATHER'S NAME	House	MITTE			14. MOTHER'			gring				
171171211 0 11711112					_							
Charlie	Brown				Lucy	Wa	right					
	ER IN U.S. ARMED FORCE		OCIAL SECURITY I	NO. 17. 1	INFORMANT			Address				
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Mr	James	T. Da	av 118	Willow	Court	t # :	22	
18. CAUSE OF D	EATH [Enter only one of	euse per lift	e lor (e). (b). and		· Cuito p					INT	ERVAL BET	
	H WAS CAUSED BY:	7/1	0)						ON	SET AND	ATH
170	IMMEDIATE CAUSE (e)_	160	unia	1 /	7							aye
1.10	DUE TO	12 -	11	1. //							_	0,
Conditions, if eny	/-/_	1 les	ral Si	arlu	re,	,					den	he
geve rise to immedi- (a), steting tha un	DITE TO	1	- /	101	10	. 97	X	11			17	
ceuse lest.	(a)	mi	unoma) of h	reast s	with	mes	Mari	2		1m	02
PART II. OTHER	SIGNIFICANT CONDITI	ONS CONT	RIBUTING TO DEA	TH/BUT NO	OT RELATED TO	THE TERMIN	AL DISEASE	CONDITION GIV	EN IN PAR	T 1(e) 1	9. WAS A	UTOPSY
				1							_	RMED?
				1							YES	NO I
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY	OCCURED	. (Enter nature o	finjury in P	ert I or Pert I	l of item 18.)				
20c. TIME OF INJU Hour a.m.		20d. IN While at work	JURY OCCURRED Not While at work		CE OF INJURY (y or town)	(Co	unty)		(State)
p.m.	19				men	1.	-//	0	11	12		
	hat (I) (this hospita											
saw the deceas	ed alive on		19.62	and that	death Occur	ed at/ki	r,m, tro	n ine causes	and on	ine da		
220. SIGNATURE	11 811	,27	1///	1	ATTENDIN	IG /M	ED	STAFF	1	,-		. DATE SIGNED

VATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DI	ATHIBUT NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	PERFORMED?
CERTIFIC	OR CONTRIBUTING CAUSE OF DEATH	Y OCCURED. (Enter nature of injury in F	Pert I or Pert II of item 18.)	
MEDICAL	3 200.	20e. PLACE OF INJURY (Home, ferm factory, street, office bldg., etc.		(County) (State)
	21. I certify that (I) (this hospital) attended the deceased saw the deceased slive on			
	220. SIGNATURE Jarold Fichol	M.D.	AED. STAFF	1-5-62 SIGN
	PAME (Type) J HAROLD NICHOLS MD	22d. ADDRESS 7So	oth Lane,	Dundalliza An
23	23e, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF	cemetery or crematory vary Cemetery	A. A. Co.	n or county) (State) Laryland

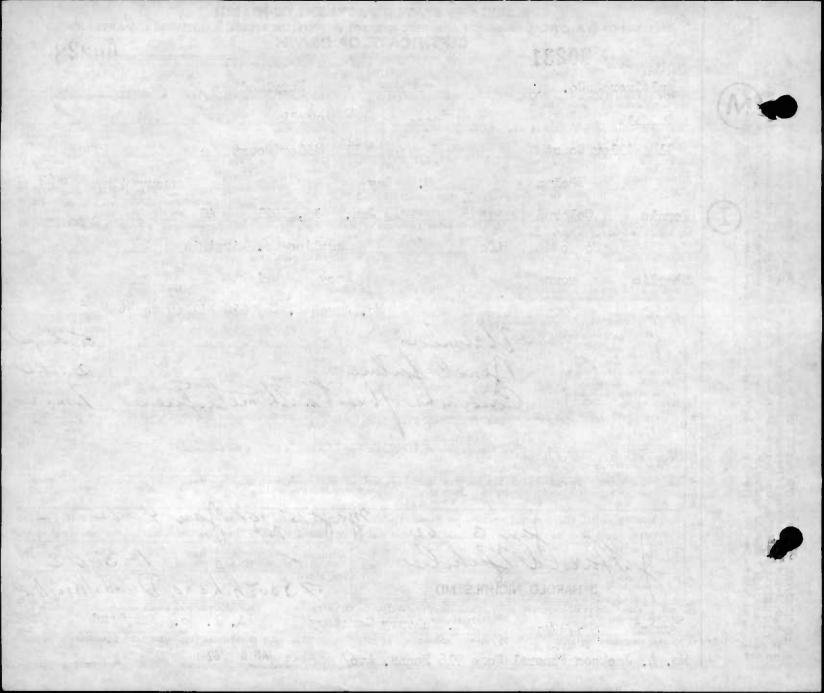
23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)
Burial Mt. Calvary Cemetery Burial 1/8/61
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS

Wm. A. Jackson Funeral Home 916 Penna. Ave/

256. REGISTRAR'S SIGNATURE 25e. REC'D BY REGISTRAR JAN 8 162

DATE

Chatter & House



funeral should the nd 2 TO HOSPITAL OF ITENDING PHYSICIAN: The law requires that the death certificate be executed within death. Page 4 m as retained by the hospital or attending physician.

TO FUNERAL DESCIOE: After this certificate has been signed by the attending physician and completely filled. The director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Nand 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00232

1. PLACE OF DEATH o. COUNTY					2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. STATE b. COUNTY					
	b. CITY OR TOWN	timore if outside corporete lim d give neerest town)	1 -	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)						
	Towson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitef, give street eddress) Towson Convalencent Home					d. STREET ADDRESS 513 Allegheny Avenue o. 15 Re on A				
3. NAME OF DECEASED (Type or print) ARMINIUS GRAY DIXON				Lost	4.	DATE OF DEATH	Month Januar	Day y 11.	Yeer 19 62	
5.	SEX Male			NEVER MARRIED	B. DATE OF BIRTH		9. AC		FUNDER 1 YEAR Months Deys	
do	ne during most of w	TION (Give kind of wor orking life, even if refire an— Retired	d)	ND OF BUSINESS OR INDUS	TRY 11. BIRTHPLA	ce (County &	rolina	gn country)	USA	OF WHAT COUNTRY
	J	ohn F. Dixo	n			Elsb	eth Har	ris		
(Ye		YER IN U.S. ARMED FOI If yes give we rordates of: NO	(epivice)	social security no. 17	informant	ords		Address		
CERTIFICATION		H WAS CAUSED BY:	Mny	emila Latic Oh.	to withing	Ca	Enonie	-	0	ITERVAL BETWEEN NSET AND DEATH
	PART II. OTHE) (c)	ALI TIONS CON	TRIBUTING TO SEATH BUT	NOT RELATED TO TH	HE TERMINAL	DISEASE CON	DITION GIVE		
	OR CONTRIBUTING	CAUSE OF DEATH	200. 003	CRISE HOW INSORT OCCUP	iso, temor notare or	migry in roti	7 01 7 01 11 01 1	,		
MEDICAL	20c. TIME OF INJU Hour e.m. p.m.	JRY Month, Day, Ye	While	Not While	LACE OF INJURY (Hactory, street, office I	bldg., etc.)	20f. (City or t	own)	(County)	(State)
	21. I certify that (I) (this hospital) attended the deceased from Server 21 196, to 196, that (I) (we) lass saw the deceased alive on 1962, and that death occurred at 21 M, from the causes and on the date stated above									
	22e. SIGNATURE	While	194.	nlz	M.D. ATTENDING			TAFF HYS.	1/1	12/6 > DATE SIGNED
	22c. PHYSICIAN'S NAME (Type		11/	Brenly	22d. ADDR	8 20	4001	e Ra	O Bal	of p
	BURIAL, CREMAT REMOVAL (Specify Burial F FUNERAL DIRECTO	m. Jan. 15,	1962	Guilford Me Address	morial Ma	1450 kum	High Po By REGISTRAF	int, N		(Stete)
	John Burn	s' Sons, Tow	een, N	Maryland		DATE JAN	1 5 '62		iding S. Hi	-//0
								-	1 A. 14	4.0%

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

00033	CERTIFICA	TE OF DEATH		0.0230
1. PLACE OF DEATH Salter	MARYLAND	2. USUAL RESIDENCE (Where on STATE	deceased lived. If institution b. COUNTY	Baltimore
b. CITY OR TOWN (If outside corporate lim RUKAL and give nearest town)	nits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside X	e corporate limits, write RUF	RAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION)	give street oddress	1 d. STREET ADDRESS	tree La	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	irst //E Middle D	ABAFE	DATE Month OF DEATH	Day Year 3 - 1962
5. SEX # 6. COLOR OR RACE	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH	1 1 1 1 1 1 1 1 1 1 1 1	FUNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, eyed if retired		STRY 11. BIRTHPHACE (Stote or fo	preign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME UNACTION ME	elson	14. MOTHERS MAIDENNAMI	7	
15. WAS DECEASEDEVER IN U. S. ARMED FO (Yes, no, or unknown) (If yes, give wor or dates of		proceed 80	bres Addres	lane_
18. CAUSE OF DEATH [Enter only one of PART I. DEATH WAS CAUSED BY:	_ 7	0.		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (o), stating the under-	(o)	a collain		269
	NDITIONS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVE	N IN PART I(o) 19. WAS AUTOPSY PERFORMED?
	20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port	I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, You Hour o. m. 19		ACE OF INJURY (Home, form, 2 ctory, street, office bldg., etc.)	Of. (City or town)	(County) (Stote)
21. I certify that (I) (this hospital sow the decement alive on	all attended the deceased from.		11.	on the date stated above.
220. SIGNATURE	Stino	ATTENDING MED	OR PHYS.	22b PATE //SIGNED
22c. PHYSICIAN'S NAME (Type)	LB Conoss	22d. ADDRESS 69// 1/	Part lety	116 Gp
230. BURIAL, CREMATION, 236. DATE THERE	OF 23c. NAME OF CEMETERY C	DR CREMATORY 23d	LOCATION (City, town, or	county) Next
24 JUNERAL DIRECTOR'S SIGNATURE	2100 Elitorol	Place 250. REGIONY	21 15/3	RAR'S SIGNATURE

\$ \$ 15 mm 1 5 \$ 1 mm 1829 Elis William X 44 - 10 27 Free Keeper A STANKE TO CE 2 NOS IT Kuran The second of the second of June 1-4-62- Roderlyce - Bute Ex Employ 2100 Estate Hickory ME

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th. Page 4 rol director,

moy be retained it hospital or attending physician. **D FUNERAL DIREC**—2R: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shar the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death. DING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft

moy be retained to TO HOSPITAL OR A

VR A15 (4) 15M 9/59

1		00234		CERTIFIC	ATE	OF DEATH	162	÷ .	11112	31	
	1. PLACE OF DEATH o. COUNTY Ba	ltimore		MARYLAND	2.	USUAL RESIDENCE (Who o. STATE Md.	ere decease	d lived. If institution b. COUNTY	n: Residence	before adn	nission)
	b. CITY OR TOWN (IF RURAL ond give ne Pikesvil	outside corporate limi arest town! 1e 8, Md	ts, write	c. LENGTH OF STAY IN 16 2 weeks		c. CITY OR TOWN (IF or Baltimor			IRAL ond giv	vol.	own)
	OR INSTITUTION	AL (If not in hospital, gover Rd.			1	d. STREET ADDRESS	n Av	e.		ON	RESIDENCE I A FARM?
	3. NAME OF DECEASED (Type or print)	Emily		Middle Keene		Egli	4. DATE OF DEATH	Januar	-	Day	Yeor 19 62
	5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. D	ATE OF BIRTH		9. AGE (In years last birthday)	Months D	YEAR IF UN	
	Female	White	WIDOW	DIVORCED	00	et.25, 187	8	83 yrs.			
	10a. USUAL OCCUPATION during most of work Housewi	N (Give kind of work ing life, even if retired 1 e	done 10b.	KIND OF BUSINESS OR INCOME	USTRY	11. BIRTHPLACE (Stote of Englan		country)		S.A.	T COUNTRY?
1	13. FATHER'S NAME				1.	4. MOTHER'S MAIDEN N	AME				
	The second second		Kee	ne		unkn	own				
	15. WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give war or dates of s None	ervice)			Lucia F.	Gerw				Rd.
		TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO	, i3	re for (o), (b), and (c).] renchopne	csi	metastal	rui tic	ua/		ONSET AL	BETWEEN D DEATH
	lying couse lost.) (0	DITIONS O	COURT WATER	ON TU	ot colog	NAL DIŞEAS	SE CONDITION GIVE	EN IN PART 1	(o) 19. WA	AS AUTOPSY
-	PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	terroscter		hear dis	29	•	ratea	3/04 5	yes		NO
		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)									
	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	While of wor	Not while		OF INJURY (Home, form, , street, office bldg., etc.		y or town)	{Co	unty)	(Stote)
		1 / 1		led the deceased from				Val 16			
	220. AIGNATURE	ed alive an 10	Sp	it leve	M.D	ATTENDING ME DIE	ED.		d an the	date stat	22b. DATE SIGNED
	RANDOL	PH H.	SP	IDZHERG, M	1)		(5/0)	+ Rd.	Bath	more	Ni Mad
	23a. BURIAL, CREMATIO REMOVAL (Specify) BUTIA	- Jan 20		23c. NAME OF CEMETERY Meadowri		e Cemetery		TION (City, town, o	re. M	d.	State)
1	Mank S		ell	Wifesville	18	25a. REC.	BY REGIS		TRAR'S SIGN		

HI AND ADMENDED AREAS THE TO THE PARTY OF THE PARTY O 181.87, 1875 - 187 E. C. C. L. D. L. C. C. NING DAY . St. Butterie Br the same same after the Market and the same WAS TO THE STREET OF THE PARTY The state of the s A STATE OF THE PARTY OF THE PAR which is a specific the specific of the specific of the specific the specific of the specific All received the property of the party of th

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	4	U)	1	· L	6

-		30400								
1)		PLACE OF DEATH COUNTY Baltimore MARYLAND	a. STATE	PENCE (Where deceased lived.	If institution: Residence COUNTY	before admission)				
1	ŀ	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. CITY OR T	OWN (If outside corporate lin		re nearest town)				
		Mt. Wilson, Maryland 6 days'	d. STREET A	EGE PARK	16	e. IS RESIDENCE				
2		OR INSTITUTION Mt. Wilson State Hospital		NAVAHO	57	ON A FARM? YES NO NO				
		NAME OF DECEASED (Type or print) EDWARD EDWIN	EHOI	4. DATE OF DEATH	TANUARY	Day Year 8 1962				
	5. 9	6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTI	3, 1894 9. AG lost	1 1 1 1	YEAR IF UNDER 24 HRS. Pays Hours Min.				
	7	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNA STING TON	0	ACE (State or foreign country)	Md. 12.CITIZ	SHOT WHAT COUNTRY?				
1	13.	FATHER'S NAME FREDERICK H. EHOL-T-	14. MOTHER'S	MAIDEN NAME	ANIG					
)	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IP	NFORMANT	0. 3.	Address					
/	(1 as		ospital	Records, Mt. 1	ilson State	Hospital				
		1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	TUBF	DC111 Del C		INTERVAL BETWEEN ONSET AND DEATH				
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULLMONARY / UBERCULOSIS OUE YEAR								
		Conditions, if ony, which) (b)								
		gave rise to immediate couse (a), stating the <u>under-</u>								
	z	lying couse lost. (c) (c)	NOT BELATED TO	THE TERMINAL DISEASE CON	DITION CIVEN IN BART	I/-1 10 MAS AUTOPSY				
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTERIOSCLEROTIC CARDIU VASCULAR DISEASE									
1	CERTIFI	The district No. of the Control of t								
	MEDICAL		ACE OF INJURY (ctory, street, office	Hame, farm, bldg., etc.)	(Co	unty) (Stote)				
		21. I certify that (I) (this haspital) attended the deceased fram.		1962 to JA		that (I) (we) last				
		saw the deceased alive an LAN S 1962 and that a	death accurre	M, fram the c	auses and an the	date stated above.				
		M.D. ATTENDING MED. STAFF SIGN PHYS. DIRECTOR PHYS. 1-8165								
1		22c. Physician's NAME (Type) Wm. Newcomer, M.D. Superintendent	22d. ADDR	ss Wilson State H	Mospital, Mi	. Wilson, M				
	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	R CREAKANORY	·	City, town, or county)	(Stote)				
	$\overline{}$	urial (Specify) Jan 12, 1962 George Was	hington	Hyattsv						
N	24.	Funeral director's signature address F. Gasch's Sons Hyattsville Md.		250. REC'D BY REGISTRAR DATE JAN 1 2 '62	25b. REGISTRAR'S SIGN					
30	_	and		DATE	Commit di. 1	ULWINE.				

se filed with al directar **D FUNERAL DIRECTOR**: After this certificate has been signed by the ottending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shout the State Baard af Health priar to burial, cremation, or removal, and in any every within 72 hours after death. DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after naspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	BI	0236		CERT	IFIC	ATE OF DEATH	1		Reg. Dis	t. No.	00	932
1,	PLACE OF DEATH	Balti	more	MAR	YLAND	2. USUAL RESIDENCE (WHO a. STATE Md.	nere decease	d lived. If institution b. COUNTY	on: Residenc	e befor	e odmiss	ion)
	b. CITY OR TOWN (IF RURAL ond give ne Ca 1			c. LENGTH OF STAY	IN 15	c. CITY OR TOWN (IF a	imore		URAL ond g	iva near	rest town	1
	OR INSTITUTION	Shady Noc			me	d. STREET ADDRESS 2335 Mi	11ima	an St.		1		DENCE FARM? NO 2
	NAME OF DECEASED (Type or print)	BLA	, NCHE	Middle E.		EICHHORN	4. DATE OF DEATH	Janua		, Doy	962	reor
5.	male		7. MARRIE	D NEVER MARR	_	8. DATE OF BIRTH 12/19/1873		9. AGE (In years last birthday) 88 yrs.	Months	Poys	Hours	R 24 HRS. Min.
100	during most of worki	N (Give kind of working life, even if retired wife)	at home	OR INDU	STRY 11. BIRTHPLACE (Stone Baltimo			12, CITI	ZEN OI	F WHAT	COUNTRY
13.	FATHER'S NAME	Heard				14. MOTHER'S MAIDEN N		t Jones				
	WAS DECEASED EVER	IN U. S. ARMED FOR If yes, give war or dates of t		OCIAL SECURITY NO		INFORMANT Imer Eichho	rn,	3624 Che		fie	ld.	Ave.
CERTIFICATION	Conditions, if on gove rise to in couse (o), storting t lying couse lost. Part II. OTH	he under DUE TO)	ONTRIBUTING TO DE	EATH BU	T NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART		PERFO	
		CAUSE OF DEATH MEDICAL EXAMINER)				D. (Enter nature of injury in t						
MEDICAL	Hour o. m.	Month, Day, Ye	While at work	Not while	20e. Pl	ACE OF INJURY (Home, form octory, street, office bldg., etc	i, 20f. (City .)	or town)	(C	ounty)		(State)
	21. I certify the alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	of I oftended the	deceosed 1963			19.58, to 4. 19.59 accurred at 6.40 p	M, fran	n the causes of treet, city or town,	nd on th		e state	
	BURIAL, CREMATION REMOVAL (Specify) BULIAL	1/8/62				Cemetery	Bal	TION (City, town, o	Md.		(State	e)
23.	Charles I	SIGNATURE E. Schimur Brehms I	ek F	uneral h	lome	24a. REC'.	AN 9		Irthun			

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THE RESIDENCE OF THE PARTY OF T	
ANTONIO DE LES DE MENERALISTO DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION DE	BOOK SQUARES NOW USED STREET
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	Charles Demon Spice - 10
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	THE RESERVE OF THE PARTY OF THE

TWENT OF HEALTH BALTIMORE

FOR STATE HEALTH DEP TO DEPUTY M: AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute the certificate, writing the word "pending" in pendi in Item 18. Give Peges 1, 2, and 3 to the funeral dispersional disp

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10237 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 111234

lo.	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed fived, If institution: Residence before edmission)
	o. COUNTY BAITO. MARYLAND	o. STATE BACK
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
VΙ	Owing mile 22 mile 22 mins	X Durings mills and
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give stree address)	1 d. STREET ADDRESS 0. IS RESIDENCE
	Reserved Stato Trainings	had Rescurred Etato Is Sel YES NO
	3. NAME OF First Middle	Lest 4. DATE Month Dey Yeer
	(Type or print) CHAS. R. EL	1610TT DEATH JAN 14 1962
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Proceed Deliver WIDOWED DIVORCED	126 1372 69 yrs. Months Deys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	attendant hostwood St. Ir	Perella Colorada W. 5. A
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Samuel T. Elliott.	trakenson
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	IFORMANT Address
	(Yes, no, or unkown) (If yes give werordeles of service) 220-10-565 5	ally Theling Elliott - divings mill
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	compensation ONSET AND DEATH
	DUE TO	720.
	Conditions, if any, which (b) arterioselu	rate 6-1. 8 seed 5 mgs
	geve rise to immediate cause	7
	(e), steting the underlying DUE TO	
X		RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY
0	OH THE STATE OF TH	PERFORMED?
	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (En	ter neture of injury in Pert I or Pert II of item 18.)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)
	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLAC While Not While factor at work 222	y, street, office bfdg., etc.)
	21. I certify that I took charge of the remains described above, held	d en Autopsy . Inspection . Inquiry . end in my opinion
	death resulted from: Natural causes X, Accident , Suicid	le , Homicide , Undetermined manner
		CHIEF MEDICAL EXAMINER
	ACTUAL 8 , S. Con Cue	ASSISTANT MEDICAL EXAMINER TO DATE STONED
2	SIGNATURE A TO COMPANY	DEPUTY MEDICAL EXAMINER
	NAME (Type) D. D. CAPLES 6HA	NoveRed Sife of City, town, or soundy
	22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR C	CREMATORY 22d. LOCATION (Gry) town, or country) (Stete)
	Burial Jan. 16,1962 Meadow Branch	
1	23. FUNERAL DIRECTOR ADDRESS	246. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
M	J. F. Eline & Sons Reisterstown, Md.	DATE JAN 1 6 '62 dillus S. Klines

CONTRACTOR OF THE PROPERTY OF THE PARTY OF T Promise and the second second

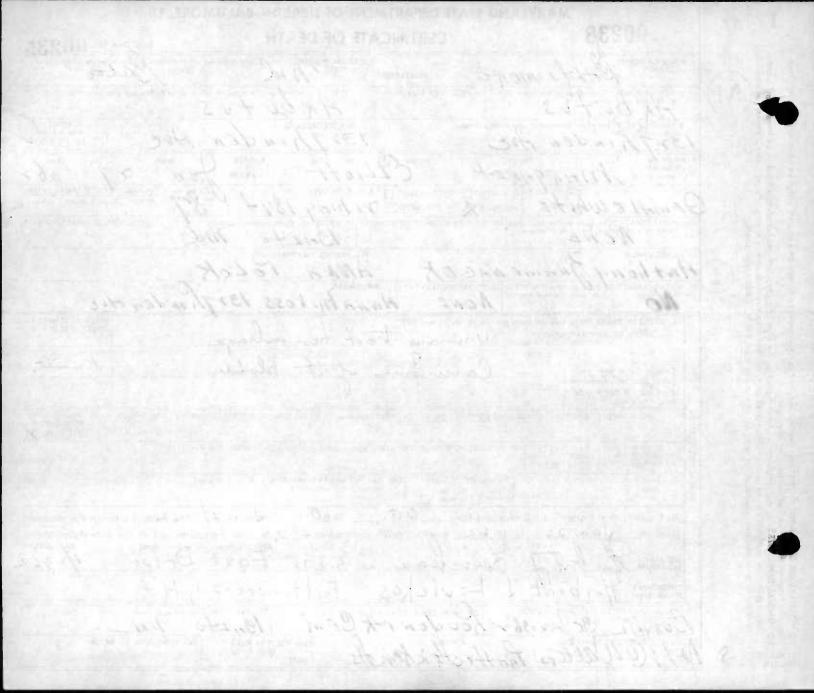
00238	CERTIFICATE OF DEATH	Reg. Dist. No. () (1931
1. PLACE OF DEATH BALTI MORE	MARYLAND 2. USUAL RESIDENCE (Where a state	deceased lived. If institution: Residence before admission) b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAY and give nearest 10 mm)	c. LENGTH OF STAY IN 16 c. CITY OR TOWN UP autsid	le corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspitol, give street and OR INSTITUTION	ddress) d. STREET ADDRESS 1327/1010	CEN AVE CON A FARM? YES NO BE
3. NAME OF DECEASED (Type or print) MARGARET		DATE Month Day Year OF DEATH 196
SEX 6. COLOR OF RACE 7. MARRIE FEMALE WhitE WIDOWED	DINEVER MARRIED 8. DATE OF BIRTH DIVORCED VINAY 187	9 AGE (hygors IFUNDER 1 EAR IF UNDER 24 HR IFUNDER 24 HR IFUNDER 25 Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KI during most of forking life, even if retired)	IND OF BUSINESS OR INDUSTRY 11. BIRTHRACE (Stote or fo	preign country) 12. CITIZEN OF WHAT COUNTRY
ANThoNY ZNAMENA	CEX ANNA	Lok
15. WAS DECEASED EVER INCO. S. ARMED FORCES? 16. SC (Yes, no.4t Inknown) (If yes, give war or dates of service)	ONE HINNAM VOSS	137/hinden Ave
18. CAUSE OF DEATH [Enter only ane cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	for (o), (b), and (c).] track hemone	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which	arcinema of the bl	odden 10 matts
gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO (c)		
-	NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED? YES \(\sqrt{10} \) NO \(\sqrt{2} \)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURRED. (Enter nature of injury in Part	l ar Port II af item 18.)
20c. TIME OF INJURY Manth, Doy, Year 20d. INJ Haur o. m. While at wark	Nat while factory, street, affice bldg., etc.)	Of. (City or town) (Caunty) (State
21. I certify that I attended the deceased	2 1/450	an. 27, 1963 that I last saw the decease
actual Signature Herbert 1. Se	/ //	from the causes and an the date stated above RESS (Street, city of town, state) OST 1/27/6
PHYSICIAN'S Herbert J.	-evickas Baltimo	re-27, Md
220. BURIAL, CREMATION, 22b. DATE THEREOF SEMOVAL (Specify) 30 MN 196	TO SON THE EM	OALTO MA (State)
22 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 240. REC'D BY	REGISTRAR 24b. REGISTRAR'S SIGNATURE

requires that the death certificate be executed within 24 haurs oft TO HOSPITAL OR A DING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs amay be retained by hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 the registror prior to burial, cremation, or removal, and in any event within 72 haurs after death. VS A15 (4) 15M 9/S8

ol director,

B



	MARYLAND	STATE DEPAR	TMENT OF HE	EALTH	
DIVISION OF STA	BISTICAL RESEARCH A	ND RECORDS, 301	W. PRESTON ST	REET, BALTIMORE 1,	MARYLANI
000	CE	RTIFICATE OI	DEATH		0405

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before admission
Baltimore Maryland	b. STATE Md.
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Catonsville	CXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, giva streat eddrass)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
St. Joseph's Nursing Home	821 N. Streeper St. YES NO K
3. NAME OF First Middle DECEASED (Type or print) ELIZABETH M. ERI	VST 4. DATE Month Day Year OF DEATH January 25 19 62
	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	3/15/1887 last birthday) Months Days Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
housewife at home	Glasco, Scotland U.S.A.
Alexander P. Gilmore	Rose Ann Carney
(Vac no or unknum) ((Ilyanaiyayandatarafrayica))	narles E. Ernst, son, above
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	/ INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	tresourtagé ONSET AND DEATH
DUE TO O	rterior Acterone 15h
(B)	ricrete de lesone " /2
gava risa to immadiata causa (a), stating the underlying DUE TO	
causa last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(n) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIEY MEDICAL EXAMINER)	. (Enter natura of injury in Part I or Part II of itam 18.)
	CE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stata) ory, straat, offica bldg., atc.)
	10-2 , 161, to 1-25, 194 Zthat (1) (we) la
saw the deceased alive on 1-25 19.62 and that	death occured at 7.7.M, from the causes and on the date stated above
22a. SIGNATURE	ATTENDING MED. STAFF SIGNE
222 PHRSICIAN'S NAME (Type)	D. PHYS. L. DIRECTOR PHYS. L. 1-26-0
1. 238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stata)
REMOVAL (Spacify) Burial 1/29/62 Holy Redec	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles E. Schimunek Funeral Home	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
3331 Brehms Lane	TOTALL OF OF TOTAL MENT OF THE PROPERTY OF THE

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A SACHITLE GIRL RELEASE.

Calonsy Mis-

et. Joseph's Mureing Home - 021 %. Sireaper 54.

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tanale white x = 2/15/1887 -74

Charles E. Rinst, gon, above

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Borist 1/20/60 Foly Wilsener Com. Palriques, Mi. Chartes - Schinger Punctal Comp.

VR A15 (4) 15M 7/61

	Item 129-62 ams MARYLAND STATE D	EPARTMENT OF HEALTH
۱	DIVISION OF STATISTICAL RESEARCH AND RECORD	S, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	00240 CERTIFICA	TE OF DEATH 00237
	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE M b. COUNTY 1 1 1
	BALTIMORE MARYLAND	. STATE MARYLAND b. COUNTY BALTIMORE
	b. CITY OR TOWN (il outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (fi outside corporate limits, write RURAL and give nearest town)
,	KURAL MARRIOTTSVIlle Lite	KUTAL MARRIOTTSVILLE X
	d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street eddress)	d. STREET ADDRESS On A FARM?
	Keisderg LANC 3. NAME OF First Middle	Last DATE Month Day Year
1	(Type or print) Hilda Flizabath	The Colon OF Told 10 10/1
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Female White WIDOWED DIVORCED	June 11. 1904 Lest birthday) Months Days Hours Min.
	10s. USUAL OCCUPATION (Give kind of work done during most of working, file, even if retired)	RY 11. BIRTHPLACE (County & State, or logeign country) 12. CITIZEN OF WHAT COUNTRY?
	Office Worker HUTZLER BYOS.	M.D. U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	HERMAN EWARTOSSITI	CAKKIE A. BEDECKER
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no, of unkown) (Ifyesgive war or dates of service)	INFORMANT Address AS.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Interval Between
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	1
	Conditions, if any, which	losis jus
	gave rise to immediata cause (e), stating the underlying DUE TO (Primary	site not determined)
	cause last. (c)	
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED	YES NO X
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO COURED OR CONTRIBUTING CAUSE OF DEATH TO THE CONTRIBUTING TO CAUSE OF DEATH TO THE CONTRIBUTION COURSE OF THE COUR	. (Line) helde of frighty in tent to trent in or helm to .)
		ACE OF INJURY (Home, farm, † 20f. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not While lack	tory, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from.	1.1.1. 186.2 to 1.1.2. 196.2 That (I) (we) last
	saw the deceased alive on	death occured at 4.30 M, from the causes and on the date stated above.
	278 SIGNATURE O TA	ATTENDING MED. STAFF 22b. DATE SIGNED
	22c PHYSICIAN'S Maruu M	A.D. PHYS. DIRECTOR PHYS. PHYS.
	NAME (Type) NNL - NARIA	Tai I alletown Mid
	238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CELLATORY 23d. LOCATION (City, town or county) (State)
	BURIA 1-15-62 WARDS CHA	tpel Cemetery BALTIMORE Co. MD.
	24 FUMERAL PRECTOR'S SIGNATURE ADDRESS	1 (256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
1	Stateon charget evidence	DATE JAN 2 2 '62 Cirthun & Thank

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Margine Car College Co the first of the second of the The course of the same A STREET BOY STANK THE

TO DEPUTY MY C'AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is crawy please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral dire. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Mealth, or its designated agent, prior to burial, cremation, or removal, and in any eyent within 72 hours after death.

d

VS. AISME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10242 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	411ibl ~
1. PLACE OF DEATH •. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution prince believe
Baltimore County MARYLAND	Maryland COONT 300Bobbbnoce
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
Catonsville 1 day	College Park, Maryland 1652-
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESID
Spring Grove State Hospital	23 Fifth Street - Cherry Hill Trailer Park
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer
(Type or print) STEVE	FARKAS DEATH January 7 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24
	Sept. 30, 1921 last birthdey) Months Deys Hours N
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTI	
done during most of working life, even if retired) glazier	Virginia U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Paul Farkas	Suzie Benka
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (Ifyesgivewerordalesofservice)	
Yesy World War II 228-18-1286 R. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	ecords: SPRING GROVE STATE HOSPITAL
BART I DEATH WAS CALLED BY	INTERVAL BETWEI ONSET AND DEA
IMMEDIATE CAUSE (e) Fatty change of 1	iver (severe) with early
5 d DUE TO Laennec's cirr	hosis
Conditions, if any, which (b)	
geve rise to immediate cause (e), stating the underlying DUE TO	
cause lest.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTO
	PERFORME
20%. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury In Pert I or Pert II of item 18.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH	ting network injury in term to trend it of near 10.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, † 20f. (City or lown) (County) (Slet
Hour e.m. While Not While fect	tory, street, office bldg., etc.)
Formal I formal I	Harakina Markani Marka
21. I certify that I took charge of the remains described above, he	
death resulted from: Natural causes XX, Accident , Suice	ide, Homicide, Undetermined manner
0 000000	CHIEF MEDICAL EXAMINER
ACTUAL // O// Y	M.D. ASSISTANT MEDICAL EXAMINER
SIGNATURE / WINCE	
	DEPUTY MEDICAL EXAMINER
EXAMINER'S Russell S. Fisher, M. D.	Address (Sireet, city, town, or county) January 10, 196
EXAMINER'S Russell S. Fisher, M. D. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	Address (Street, city, town, or county)
EXAMINER'S NAME (Type) Russell S. Fisher, M. D. 22e. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL (Specify)	Address (Street, city, town, or county) R CREMATORY 22d. LOCATION (City, town, or country) (Stete)
EXAMINER'S NAME (Type) Russell S. Fisher, M. D. 22e. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL (Specify)	Address (Street, city, town, or county) R CREMATORY 22d. LOCATION (City, town, or country) morial Park Richmond, Virginia 24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
EXAMINER'S NAME (Type) 220. BURIAL, CREMATION, REMOVAL (Specify) Removal Removal	Address (Street, city, town, or county) R CREMATORY 22d. LOCATION (City, town, or country) morial Park Richmond, Virginia

Hollers Burg, Yarykami facts on send avenue un h of the real two weeks at 1971 to 10 Stand actual ARTERIOR AT CLO WITH MERINE SERVICES AND AND ASSET ASSETS THE TENEDOS virus libbs (crussa) will its standardula shed of wastale VISION SERVED LEEDING TO SERVED

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECO ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00243 USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) 1. PLACE OF DEATH e. COUNTY b. COUNTY MARYLAND MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give neerest town FORT HOWARD DAYS BALTTMORE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARMS VETERANS ADMINISTRATION HOSPITAL 606 N. POTOMAC STREET YES NO A 3. NAME OF DATE Middle DECEASED OF ERTETTA 62 January 12 DEATH (Type or print) 19 NUNZ NMI 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED IF UNDER 24 HRS. 9. AGE (In yeers | IF UNDER 1 YEAR 57 birthdey) 8. DAIL OF BRTH MALE WHITTE Months Hours 26/04 WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Truck Driver Produce Company New Orleans, Louisiana U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME FERTETTA VINCENT FRANCES CACALGNO 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Clinical Records ddress (Yes, no, or unkown) | (If yes give we ror dates of service) VAH, Balto. 18, Md. Ft. Howard Div YES 1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).) INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: ACUTE SUPPURATIVE PERITONITIS RECENT IMMEDIATE CAUSE (e) UNKNOWN ADENOCARCINOMA COLON DUE TO Conditions, if eny, which METASTATIC ADENOCARCINOMA PERITONEUM AND LIVER UNKNOWN geve rise to immediate cause (e), steting the underlying ARTERIOSCLEROSIS GENERALIZED UNKNOWN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES X NO -

20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer 20f. (City or town) fectory, street, office bldg., etc.)

MEDICAL While Not While Hour a.m. et work et work p.m 21. I certify that ((this hospital) attended the deceased from December. 19.61 to January 12 19.62 hat (N (we) last January 12 saw the deceased alive on. 22b. DATE 22e. SIGNATURE

ATTENDING PHYS. DIRECTOR 22d. ADDRESS PHYSICIAN'S NAME (TYPE

VAH Balto. 18, Md. Ft. Howard Div. 23d. LOCATION (City, lown or county)

PHYS.

23c. NAME OF CEMETERY OR CREMATORY Holy Reedemer Baltimore, Maryland

24 FUNERAL DIRECTOR'S SIGNATURE

23e. BURIAL, CREMATION, | 23b. DATE THEREOF

Jan.

25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Charles E. Schimunek 3331 Brehms Lane, Balto., Malan 16

arthur S. Traus

With carbon and physician remove please ding affen Then signed by physici burial-transit peen : has the certificate 95 use the by After RECTOR: death. Page filed v 0 5 3

Pages

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certificate

VR A15 (4) 15M 9/60

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19 DATE DAMED NE

SOO H. BUTCHER STATES

TELEPIS TROUBLE STATES

Trick Briver | Produce Company | Her Orleans, Louisians | U.S. C.

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MARYLAND STATE DEPARTMENT OF HEALTH DIN

ISION	OF STATISTICAL	RESEARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE 1,	MARYLAND
	00244	CERTIFICATE	OF DEATH		001941

				## COCO ## C/ C/	06 190			
1. PLACE OF DEATH a. COUNTY Ba	ltimore		MARYLAND	e. STATE Mai	ryland	eceesed lived, If i b. COUN		
b. CITY OR TOWN (if		15,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	V (If outside corp	porete limits, write	RURAL end give	nearest lown)
Catonsv	4 100 000		3mth26dys	Catonsvi	ille			
		f not in hos	pitel, give street address)	d. STREET ADDRES	SS			a. IS RESIDENCE
	OVE STATE		PITAL	212 A	ltamont	Avenue		YES NO
3. NAME OF	First		Middle	Lest	4. DATE	Month	Dey	Yeer
DECEASED (Type or print)	Elm		M.	Fields	DEATH	an har	nuary 3	19 62
5. SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	B. DATE OF BIRTH	15	lest birthday)	Months Deys	Hours Min.
male	white	WIDOWE	D DIVORCED	Aug. 10, 18	893	67 685	Months Deys	nours Min.
10a. USUAL OCCUPATIO		10b. K	ND OF BUSINESS OR INDUS			foreign country)	12. CITIZEN C	F WHAT COUNTRY
done during most of world		pl) ~	TIP mils	Marilar	2		TT C	2 A
	illurest	_ 0.	my part	Maylar			0. 0	. A.
13. FATHER'S NAME	0			14. MOTHER'S MAIDE				
James Fie	elds			Virgi	inia /	HENNE3	ERGER	
15. WAS DECEASED EVE			SOCIAL SECURITY NO. 17.	INFORMANT		Address		
(Yes, no, or unkown) (If	yes give wer or detes of se		15-01-5202 Re	cords: SPR]	ING GRO	VE STAT	E HOSPI	TAT
unknown	THE STATE OF THE S	-	ine for (e), (b), end (c).]	corus: orn.	ina cuc	NE SIA.		TERVAL BETWEEN
		ceuse per i	ine for (e), (b), end (c).j					NSET AND DEATH
	WAS CAUSED BY:	Art	erios clem tic	cardiovascu	lar dis	@2.S@		
books 3 9					- HONE CARLON	69.00		
Tolk, a	DUE TO							
Conditions, if eny,	10/.							
geve rise to immedie (e), stating the un	OT THE							
ceuse lest.	(c)							
		TIONS CON	ITRIBUTING TO DEATH BUT !	NOT RELATED TO THE TER/	MINAL DISEASE	CONDITION GIV	EN IN PART 1(e)	19. WAS AUTOPSY
PART II. OTHER PART II. OTHER 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY			Diabetes mel					PERFORMED?
20e. ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJURY OCCUR		in Pert I or Pert	II of item 1B.)		
20c. TIME OF INJUR	Month, Dey, Yes		,	LACE OF INJURY (Home, for		ly or town)	(County)	(Stete)
Hour a.m.		While et wor		actory, street, office bldg., e	e1C.)			
P TIME	19		L	27 1 00	(3	Tem	2 62	
21. I certify th	iat M (this hospit	al) atten	ded the deceased from	nMarch29	, 190T" to	oaan.	5, 1994	that (II) (we) la
saw the decease	ed alive on	an3	1962, and th	at death occured at.		m the causes	and on the d	ate stated above
22e. SIGNATURE	Sa	ella	Hadisler	ATTENDING PHYS.	MED. DIRECTOR [STAFF PHYS.	1-3-	SIGNE
22c. PHYSICIAN'S NAME (Type)	St	ella	Wachsler, 14.	D. 22d. ADDRESS	SPRING		25	SPI TAL
					Catonsv	111e 20	Mayland	
23e. BURIAL, CREMATIC REMOVAL (Specify)	ON, 236. DATE THER	62	230 NAME OF CEMETER	Corfi Cen		CATION (City, 16	wn or county)	Stete)
24 FUNERAL DIRECTOR	S SIGNATURE -		ADDRESS	-		STRAR 25b. RE	GISTRAR'S SIGNA	TURE
4/1	17	#	107 11 -	Till				
100100 - (00	is all with !	11.	5/00 SV/1/2/	DATE!	N 4 '62	() 11	S France	

24 hours after by the funeral stand Z should TO HOSPITA TATENDING PHYSICIAN: The law requires that the death certificate be executed without death. Page 4 be retained by the hospital or attending physician.

\$ \(\times \) TO FUNERAL MARCTOR: After this certificate has been signed by the attending physician and completely filled.

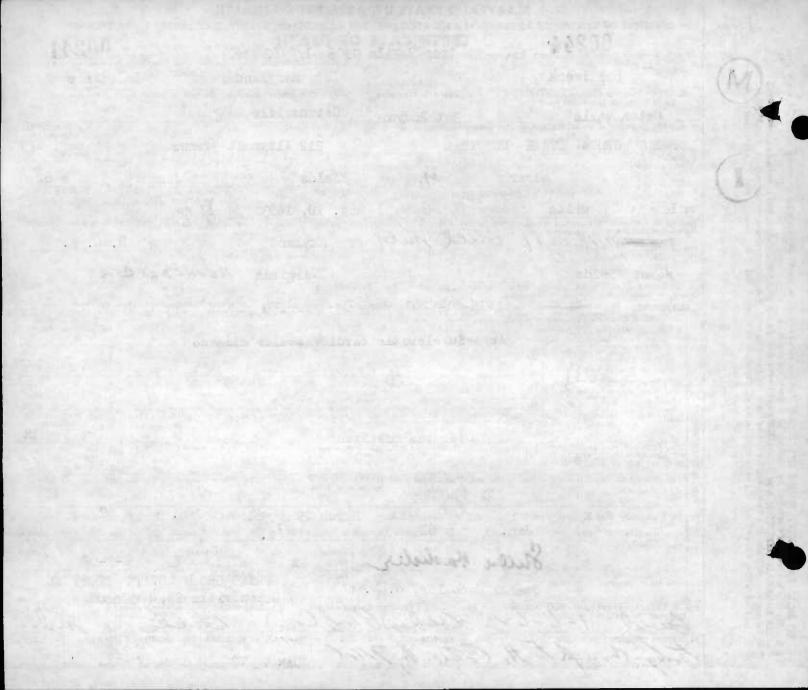
\$ \(\times \) TO FUNERAL MARCTOR: After this certificate has been signed by the attending physician and completely filled.

\$ \(\times \) TO FUNERAL MARCTOR: After this certificate has been signed by the attending physician and completely filled.

\$ \(\times \) TO FUNERAL MARCTOR: After this certificate has been signed by the attending physician and completely filled.

\$ \(\times \) TO FUNERAL MARCTOR. After this certificate has been signed by the attending physician and completely filled.

\$ \(\times \) TO FUNERAL MARCTOR. After this certificate has been signed by the attending physician and completely filled.



by the funeral 4 hours after TO HOSPITAL STITENDING PHYSICIAN: The law requires that the death certificate be executed wire 4 hours are death. Page 4 to be retained by the hospital or attending physician.

S > IO FUNERAL EXECTOR: After this certificate has been signed by the attending physician and completely filled by the director, page 3 should be detached for use as the burial-transil permit. Then please remove carbon papers, Pages and 2 director, page 3 should be detached for use as the burial-transil permit. Then please remove carbon papers, Pages and 2 director, page 3 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND	STATE	DEPARTME	NT O	F HEALTH
TARKET PERSON				

	DIVISION	OF STATISTICA 00245	L RESEA	CERTIFICA		RESTON STI	REET, BALTIM	ORE 1, MAR	YLAND
=	PLACE OF DEATH			Item 9 Film	C305 1/5	1/62 mh	e deceased lived, If i	Maridan Davidan	no belore admission)
	a. COUNTY	Baltimor	'e	MARYLAND	a, STATE	Marylan	b. COUN		
	b. CITY OR TOWN (if outsida corporate limits I give nearest town)	,	c. LENGTH OF STAY IN 16	c. CITY OR T		corporate limits, write		
	Parkvi	ille		Life	Par	kville			
	d. NAME OF HOSPI	TAL OR INSTITUTION (H	not in hosp	oitel, give street eddress)	d. STREET AD	DRESS			e. IS RESIDENCE ON A FARM?
		Bagley Avenu	le		7817	Bagley	Avenue		YES NO 4
3.	NAME OF DECEASED	First		Middla	Last	4. DA	TE Month	Dey	Aeet
	(Type or print)	Lena		Elizabeth	Fische	r DE	тн 1	1 1	1962
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years		IF UNDER 24 HRS.
	Female	White	WIDOWED		1-5-186	7	last birthday)	Months Deys	Hours Min.
		ION (Give kind of work	10b. KII	ND OF BUSINESS OR INDUST	RY 11. BIRTHPLAC	E (County & State	, or foreign country)	12. CITIZEN C	F WHAT COUNTRY?
de	Housewi	rking life, even if retired _fe	}	Housewife	baltin	more M	d	II.S	Δ
13	FATHER'S NAME				14. MOTHER'S M	AIDEN NAME			
	Unk	nown			Unk	nown			
15	WAS DECEASED EV	ER IN U.S. ARMED FORCE	ES? 16. 5	SOCIAL SECURITY NO. 17.	INFORMANT		Address		
(1)	No No	Tyesg Ive weror dates orse	2.5	one R	ahomi Pia	a la 77	ר מ דרם	ATTO	
-		EATH (Enter only one	cause per li	na for (a), (b), and (c).]	obert Fisc	ther 7	817 Bagley	II	TERVAL BETWEEN
		H WAS CAUSED BY	n	1.070	1-00	[]	· dias	10	NSET AND DEATH
	11.	IMMEDIATE CAUSE (a)_	11	myo can	our o	rya	Carrier		0 200
	Conditions, if any	DUE TO	0	8 1 Tones	el al	- (UT		20 ma
	geve rise to immed	iate cause		7000000	1 cen				
	(e), stating the u	nderlying DUE TO		Sal		wo so	n-c.		
	cause last.) (c)_			Carry				
NO	PART II. OTHE	R SIGNIFICANT CONDIT	IONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO THE	TERMINAL DISE	ASE CONDITION GIV	EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED!
I		Se	0	dans	new	va, d	ever.		YES NO
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING COUNTY CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURE	D. (Enter natura of in	ijury in Part I or P	art 11 of item 18.)		1
MEDICAL	20c. TIME OF INJU		While	Not While te	ACE OF INJURY (Ho ctory, street, office bl		(City or town)	(County)	(Stete)
X	p.m.	19	et work		14		1	1(3	
		5.	atlend	ded the deceased from		1961,			that (I) (was last ate stated above.
		sed alive on		19, and the	death occured	3 dl 4/Y 1	rom me causes	and on the c	22b. DATE
	220. SIGNATURE	1000	LF	Li Cun	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		1-3-CZ
	22c. PHYSICIAN'S	JOJE,	Ph	F. hi Pir	A 22d. ADDRE	t rope	al Nan	en Bl	D. Balloy
23	REMOYAL (Specify		_	23c. NAME OF CEMETERY	OR CREMATORY	13	OCATION (City, to	15	(State) Md
-	Burial	1-4-196	2	Parkwood Cem	etery		altimore	Maryl	
24	FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS	2	5a. REC'D BY RE	GISTRAR 256. RES	GISTRAR'S SIGNA	
17		tomer 41)	den.	7401 Belan	Road o	ATE			

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00246 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) e. STATE b. COUNTY Bal timore MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Baltimore e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? 8151 Loch Raven Boulevard YES NO Loch Raven Blvd. 4. DATE Middle Year OF 1962 DEATH January Charlotte Fisher 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH fast birthday) Deys Months Hours White WIDOWED A DIVORCED Mar. 19, 1867 yrs. 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Baltimore, Maryland Retired Homemaker U. S. A. 14. MOTHER'S MAIDEN NAME William Ellis Sophia 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive war or dates of service) Mr. Elmer H. Bing- 8151 Loch Raven Blvd. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUST (a) is Schertie heart devas gave rise to immediate cause (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY PERFORMED? NO T 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State) Month, Day, Year factory, street, office bldg., etc.) Not While While at work et work saw the deceased alive on...... 22b. DATE ATTENDING STAFF SIGNED DIRECTOR PHYS. M.D. PHYS. 22d. ADDRESS

23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Rurial 1-9-62

23c. NAME OF CEMETERY OR CREMATORY Park Cemeterv 23d. LOCATION (City, town or county) Baltimore, Maryland

10011

24 FUNERAL DIRECTOR'S SIGNATURE

1. PLACE OF DEATH e. COUNTY

3. NAME OF

5. SEX

DECEASED

(Type or print)

Female

13. FATHER'S NAME

Conditions, if any,

20c. TIME OF INJURY

22e. SIGNATURE

22c. PHYSICIAN'S NAME (Type)

cause lest.

Bal timore

Baltimore

ADDRESS

25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

DATEJAN 8

Circher S. France

President in the February Control of the Park Control 14 14 14 Transmission of the contract o Taries Sales Sales Avenue Avenue COLUMN TERM OF THE PARTY OF THE THE REPORT OF THE PARTY OF THE Pril never and Gio-ga and real A Habita Stranger CELL SECTION FOR SECTION Trans Chileman Solamon for a line of the second of th SHEEK FAMER AND WAYS LEEP RAKET BEIN until tall and believe the grade of the same to

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1124 00247

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4					
1. PLACE OF DEATH o. COUNTY		a. STATE	CE (Whare deceased lived, If i b, COUN		ice bafora admission)
Baltimore	MARYLAND	Marv		-	
b. CITY OR TOWN (if outside corporale limits,	c. LENGTH OF STAY IN 16		f outside corporete limits, writa	RURAL end give	nearest town)
write RURAL and give neerest town)	201 -			2.10.	1
Fort Howard	576 Days	Baltimore d. STREET ADDRESS		3 101	
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spilet, give street eddress)	G. STREET ADDRESS			IS RESIDENCE ON A FARM?
Veterans Administration Ho	spital	1215 Eutaw	Place		YES NO T
3. NAME OF First DECEASED	Middle	Lest	4. DATE Month	Day	Yeer
(Type or print) Julia	77	TOTO TITO	OF DEATH		8 19 69
5. SEX 6. COLOR OR RACE 7. MARRIE	H.	FISHER DATE OF BIRTH	9. AGE (In years)		8 19 62 I IF UNDER 24 HRS.
7. MAKKI			last birthdey)	Months Days	Hours Min.
Female White WIDOWI	DIVORCED U	ine 17, 1869	92 yrs.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Coun	ty & State, or foreign country)	12. CITIZEN C	OF WHAT COUNTRY
Nurse	Nursing	TiTo be and assess	Wannaharakka	77 0	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	Massachusetts	U.S.	A.
John Fisher		Bridget 01			
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. [Yes, no, or unkown] [(Ifyesgive weror detes of service)]	SOCIAL SECURITY NO. 17. II	IFORMANT	Address		
Yes Spanish-Amer.	Clir	Rec VAH B	altimore Md - 1	Ft. Howar	d Division
18. CAUSE OF DEATH [Enter only one cause per		1100 1111 1	w		TERVAL SETWEEN
DADT I DEATH WAS CALLED DV		CAPDTOWAGGU	TAD DECEMBE	10	NSET AND DEATH
IMMEDIATE CAUSE (a)	RTERIOSCIEROTIC	CHIMITOANDCO	TAK DIDEADE		10 Years
DUE TO					
Conditions, if any, which (b)					
gave risa to immediate cause DUE TO					
(a), stelling the underlying Coursa lest.					
(c)	NIPIBILITING TO DEATH BUT NOT	DELATED TO THE TERMIN	AL DISEASE CONDITION CIVI	EN IN DART 1(a)	VZGOTILA ZAW OI
TAKI II. OTILK SIGNITICANI CONDITIONS COL	TRIBUTING TO DEATH OUT NOT	KELATED TO THE TERMIT	AL DISEASE CONDITION GIVE	HA HA FAKI 1(0)	PERFORMED?
BRONCHOPNEUMONIA					YES NO
BRONCHOPNEUMONIA 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CONTRI	CRIBE HOW INJURY OCCURED.	(Enter neture of injury in	Part I or Part II of item 18.)		
20c. TIME OF INJURY Month, Dey, Yeer 20d. While two		E OF INJURY (Home, ferm		(County)	(State)
Hour a.m. While	1401 1711110	ry, street, office bldg., etc.	1		
	— — — —				
21. I certify that ((this hospital) atten	ded the deceased from.	une 21	19.60 toJan18.	, 1962, 1	hat (1) (we) las
saw the deceased alive onJan18	1962., and that	death occured ar	M, from the causes	and on the di	ate stated above
22a. SIGNATURE					22b. DATE
1 X Treeman		DING D	AED. STAFF		SIGNE
		22d. ADDRESS	ARCOTOR LI THIO. LA		1-19-62
NAME (Type) INVING PREEMAI			20 361 70		
Chief, Medical			nore 18 Md - F		
REMOVAL (Specify) 235./DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, tow	n or county)	(State)
Burial 122/1967	Baltimore Nati	onal Cemete	ry Baltimore,	Marylan	d
4 FUNERAL DIRECTOR'S SIGNATURE /	// ADDRESS		'D 8Y REGISTRAR 255. REG		
-1 -11-11.11	tollins & BALTO. 2:	3-Md DATE AN			
MOUNTY T KENNY 1100 -1000	TOTAL STORY	DATEAN	7 62 Oni	had & the	

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Frank The State of Buther State of File Commercial

DEPTER DENDERING M.D.

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00248 CERTIFICATE OF DEATH

Reg. Dist. No. 11245

1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE in
BALTIMORE MARYLAND	MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
CATONSVILLE	BALTIMORE 3VOI-4
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
Home IN The PINES	141 S. MONASTERY AVE. YES NO
3. NAME OF DECEASED (Type or print) Mich AEL P. F.	AhERTH JAN. 29 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	1871 Got birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY
CAR PENTER	IRFLAND 25.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ELN KNOWN	UNKNOWN
	INFORMANT Address INI S MENOSTE
(Yes, no, or unknown) [If yes, give wor or dates of service]	E. MORTON L. FLAHERTY AV.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CERERIA	1 ASCUAR ACCIDENT ONSET AND DEATH
3 3 1 Y DUE TO	() () () () () ()
	TERRACIE
gove rise to immediate	TERROSIS
couse (o), stoting the under-	
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
3	PERFORMED? YES NO NO
200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH	ED. (Enter nature of injury in Part I or Part II of item 18.)
	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) octory, street, office bldg., etc.)
Hour o. m. While Not while	, and the state of
21. I certify that I attended the deceased from July	1 1953, to JAN 29 1962 that I last saw the decease
1 16	
alive an JAN 45 , 1962, and that death	The same state and the same stored above
ACTUAL HERBERT HALLER, M.D.	ADDRESS (Street city of town state) DATE SIGNED
SIGNATURE	M.D. YOX Judget by 12/1/27
PHYSICIAN'S BALTIMORE 29, MD M. 43655	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	DR CREMATORY 22d. LOCATION (City, town, or county) (State)
BURIAL (Specify) Feb. 1, 1962 New CAT	RECREATORY 22d. LOCATION (City, town, or county) (State) RECREATORY PALTO Md.
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
G. TRUM and Schwah 35/2 FREd. Av	PATE JAN 3 0 '62
UNINUM AN SIND WAD JULKEY. MU	DAIE WALL OU DZ

101	IT OF HEALTH BALTIMORE.	HIMERASSO TRAFF OFFICE	
		TAPRITADO	
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and the second second second			

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	DIVISION OF .	
	00249	CERTIFIC
	1. PLACE OF DEATH	
A	BALTIMORE	MARYLAN
11	b. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN
	UPPERCO	SYEARS
X	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)
1	HORSUCH MILL RO	AD.
	3. NAME OF First	Middle
	(Type or print) EDNA EPP	LEY LY
	S. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED
	FEMALE WHITE WIDOWE	
20	100. USUAL OCCUPATION (Give kind of work done 10b. aduring most of working life, even if retized)	KIND OF BUSINESS OR IN
	ALTERA TIONS FOR D	EPT. STO
	13. FATHER'S NAME	
	HOHN BIXLER E	PPLEY
	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, pr unknown) (If yes, give war or, dotes of service)	SOCIAL SECURITY NO. 1
1	116 1/0 01	VKNOWNI
	18. CAUSE OF DEATH [Enter only one couse per lin	e for (o), (b), and (c).]
	PART I. DEATH WAS CAUSED BY:	agricul
	DUE TO	1
	Conditions, if ony, which) (b)	nemma
	gove rise to immediate Couse (a), stating the under-	
	lying couse lost. (c)	

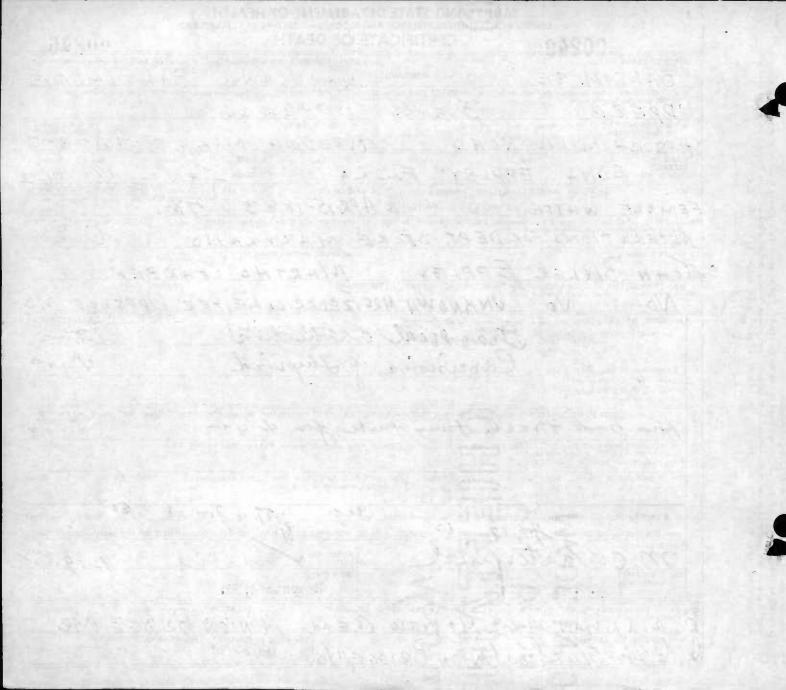
001246

1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
BALTIMURE MARYLAND	MARVLAND BALTIMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) lown)
OPPERCO SYEARS	NUPPERCO
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
GORSUCH MILL ROAD	GORSUCH MILL ROAD YES NO
3. NAME OF First Middle	Lost 4. DATE Month Day Yeor
(Type or print) EDNA EPPLEY FLO	RA DEATH JAN, 18 1962
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdox) Months Doys Hours Min.
FEMALE WHITE WIDOWED DIVORCED DI	47K 15-1883 78m
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ALTERATIONS FOR DEPT. STOR	E MARYLAND U.S
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN RIVLEP EPPLEY	MARTHA CHARRER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address
(Yes, no, or uphnown) (If yes, give wor or dotes of service) UNKNOWN MR	SFREDERICKHEITER UPPERSO MA
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	/ INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	O for the fame
IMMEDIATE CAUSE (OL CANADA CONTROL CON	72111-10
DUE TO	of Thening
Conditions, if ony, which gove rise to immediate (b)	9 9 9 9 0 00
couse (o), stoting the under-	
lying couse lost. (c)	V
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
3 Jours 1) and The enestrong The	THE GOVE THES NO IS
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH). (Enter nature of injury in Port I or Port II of item 18.)
U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour o. m. p. m. 19 While Not while of work of work	tory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased fram	Sep. 1957, to grn. 18 196, that (1) (we) last
0	
220. SIGNATURE	eath occurred at P.M. from the causes and an the date stoted abave.
mclasticking	ATTENDING MED. STAFF
22c. PHYSICIAN'S	A.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS
NAME (Type) M.C.Porterfield	Hampstend, Md.
REMOVAL (Specify) 236 BATE THEREOF 23c. NAME OF CEMETERY OF	CREMATORY 23d. LOCATION (City, town, or county) (Stote)
BURILL HAN 21-62 MT VIEW	CEM. UNION BRIDGE MD
A NUNETAL DIRECTOR'S SIGNATURE ADDRESS D	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

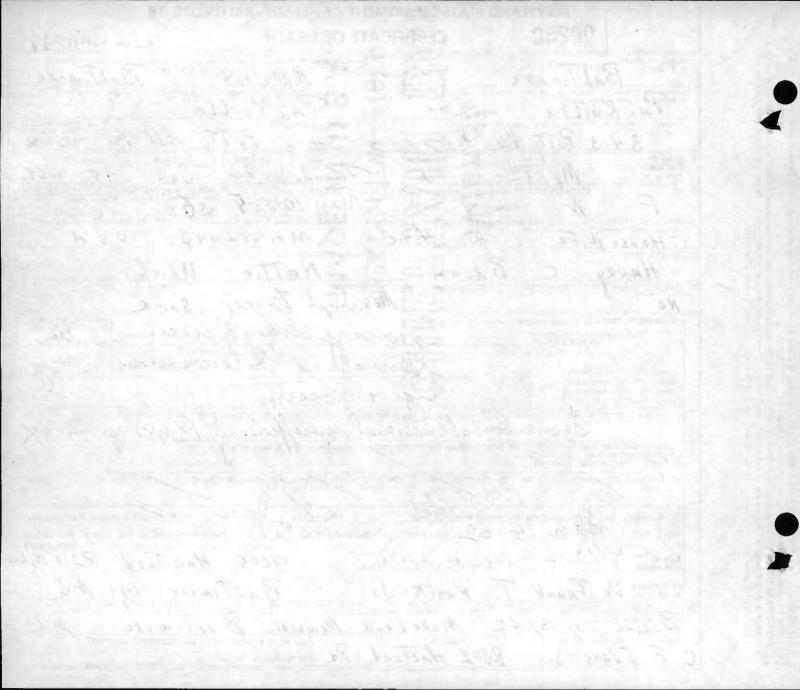
PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter TO HOSPITAL OR ATTENDAGE PHYSICIAN: The low requires that the death certiticate be executed within a procession of billion or otherwise physician.

TO FUNERAL DIRECT: Arrest this certificate has been signed by the otherwise physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 share the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A1S (4) 1SM 9/59

filed with



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00250 **CERTIFICATE OF DEATH** Reg. Dist. No. 111945 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give rearest town) / c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 24 YES NO puo .5 NAME OF 4. DATE First Middle Month Day Year filled loss DECEASED (Type or print) DEATH 19 8. DATE OF BIRTH S. SEX 6. COLOR/OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthouy) Months Days DIVORCED WIDOWED TO comple popers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS/OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) MARYLAN MOME puo pou 0452 after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 0 move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT yes, give war or dates of service) attending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ord (c). INTERVAL BETWEEN ONSET AND DEATH d PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ò mi. Conditions, if ony, which signed gove rise to immediate per **DUE TO** couse (o), stoting the underand lying couse lost. burial-transit PART II. OTHER SIGNALCANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMEDE YES NO/ 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE NOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, Doy. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Rome, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc. While Not while of work of of worl 6 That I last saw the deceased attended the deceased from and that death accurred at , fram the causes and an the date stated above. CTOR ACTUAL SIGNATURE may be retained PUNERAL DIR Pri 3 should NAME (Type) 22b. DATE THEREOF 220. BURNAL, CREMATION, 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) page REMOVAL (Specify) he 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) **1SM 9/SB**



FOR STATE HEALTH DEPT.

tor. Page your files.

TO DEPUTY N. 10. EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral d 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. AISME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1251 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00791	MEDICAL EXAMIN	NER'S CERTIFICATE OF DEATH 111248
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where decaased livad, If institution: Residence before admiss
	imore MARY	* STATE Maryland Baltimore
b. CITY OR TOWN (if outside con	porate limits, c. LENGTH OF STA	
write RURAL and giva naarest	/ an 3	X Essex (21)
d. NAME OF HOSPITAL OR INST	ITUTION (if not In hospital, give street add	
304 Towsen	d Road	304 Towsend Road
3. NAME OF	First Middle	Last 4. DATE Month Day Year
(Typa or print)	HERTNE FRITZ (SCHAI	DY) OF DEATH Jan. 10. 1962
S. SEX 6. COLOR	Address of the same of the sam	
	THE TEXT MAKE	last birthday) Months Days Hours Mir
Female White	2	ED 1º12 PC 17, 100/ 74 yrs. 12. CITIZEN OF WHAT COUNTY
done during most of working life, evi	an if retired)	1704
Housewife 13. FATHER'S NAME	Home	do I had y
		14. MOTHER'S MAIDEN NAME
? Helmar		Unknown
Yas, no, or unkown) (If yes giva ward	RMED FORCES? 16. SOCIAL SECURITY Nordatas of service)	
No	None	Margaret Ernest 328 Nicholson Rd. Balto. 21,
Conditions, if eny, which gave rise to immediate cause (a), stating the underlying cause last.		V Diserse
2Da. EXTERNAL CAUSE WAS	20b. DESARIBE/HOW INJURY OF	TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED YES NOTED NO
	- 1/0 /Vs	Q '
20c. TIME OF INJURY Month Hour e.m. p.m.	No. 19 20d NJURY OCCURRED While Nor While at work at work	20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
04 0 10 1 1	charge of the remains described al	bove, held an Autopsy . Inspection I Inquiry 1 and in my opinio
21. I certify that I took		
	atural causes Accident	, Suicide , Homicide , Undetermined manner
	atural causes Accident	, Suicide , Homicide , Undetermined manner C
	3 Davis	CHIEF MEDICAL EXAMINER
death resulted from: N	3 Davis	CHIEF MEDICAL EXAMINER
death resulted from: N. ACTUAL SIGNATURE EXAMINER'S NAME (Type) 2a. BURIAL, CREMATION, 22b. D.	3 Dais	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER OF THE SIGNED
death resulted from: N. ACTUAL SIGNATURE EXAMINER'S	3 Davis A ATE THEREOF 22c. NAME OF CEA	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) METERY OF CREMATORY 22d. LOCATION (City, town, or country) (State)
death resulted from: N. ACTUAL SIGNATURE EXAMINER'S NAME (Type) 2a. BURIAL, CREMATION, 22b. D. REMOVAL (Specify)	3 Davis A ATE THEREOF 22c. NAME OF CEA	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) METERY OF CREMATORY 22d. LOCATION (City, town, or country) M. (State)
death resulted from: N. ACTUAL SIGNATURE EXAMINER'S NAME (Type) 20. BURIAL, CREMATION, 22b. D. REMOVAL (Specify) Burial 1/	3 Davis ATE THEREOF 22c. NAME OF CEA 13/62 Gardens of Surgham April 255	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, fown, or county) METERY OF CREMATORY 22d. LOCATION (City, lown, or country) Faith Cemetery Baltimore, Maryland 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

bank _ractio_ lat OF .cm THE THEORY TO THE sup! Hone Warrenet Freez 28 Homesta 18. Balto. 20. Hd. Till 62 Content of Tattle Company Estimate, South Januaran Colonia Colon MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

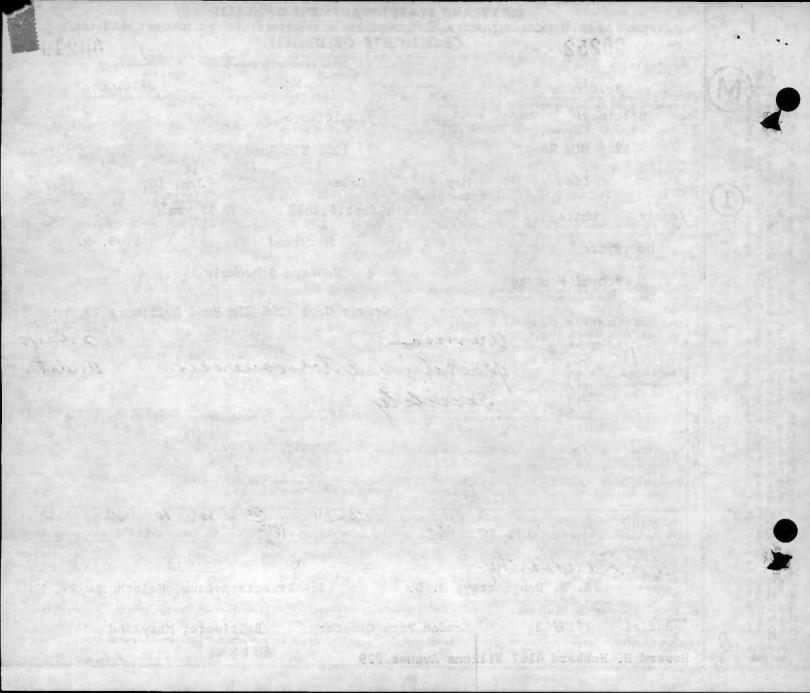
CERTIFICATE OF DEATH 00252 00249

1. PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission e. STATE b. COUNTY
Baltimore MARYLAND	Md. Baltimore
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest lown) Baltimore	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	Baltimore d, STREET ADDRESS o. IS RESIDENCE
	ON A FARM?
1256 Elm Road	1256 Elm Road
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer
(Type or print) Ida May	Gabe Jan. 10, 1962
5. SEX 6. COLOR OR RACE 7. MARRIEX XXNEVER MARRIED 6	B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. light birthdey) Months Days Hours Min.
female white WIDOWED DIVORCED S	Sept.6,1878 83 yrs Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CTTIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	Maryland U. S. A.
houswife	14. MOTHER'S MAIDEN NAME
13. FAIREK'S NAME	
Zachari Wingate	Rebbeca Scheckels
Zachari Wingate 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyes give war or deles of service)	INFORMANT Address
	orge Coho 1256 Flm Bood Boltiman 27 361
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	orge Gabe 1256 Elm Road Baltimore 27 Md.
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CALISE (a)	2 ocay
TO COUE TO O	arteriosclerosis undet.
Conditions, if eny, which \ (b) Generally and	arteriosexisoció unales.
geve rise to immediate cause	
(e), stating the underlying couse lest.	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
[5]	YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH 10 (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter neture of injury in Pert I or Part II of item 18.)
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PL/	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)
Hour e.m. While Not While	story, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from.	april 4 1950, to 1962, that (1) (we) la
saw the deceased alive on	t death occured at
22e. SIGNATURE	ATTENDING . MED. STAFF SIGNE
1 B Day deasther	A.D. PHYS. DIRECTOR PHYS.
22c. HYSICIAN'S	22d. ADDRESS
NAME (Type) A. B. Daugharthy, M. D.	1264 Francis Avenue, Halethorpe 27, Md
DA NINAL CREMATION 301 BATT TURBOR 100 MANY OF CREMETON	
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	
Burial 1/13/62 Loudon Park	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Howard H. Hubbard 4107 Wilkens Avenue #	29 DATE DATE 1 5 62 Cirthur & Kings

the funeral death. Page 4 by Lained by the hospital or attending physician.

O FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages is the filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after





CERTIFICATE OF DEATH 00253 Rea Dist No. with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed v a. COUNTY b COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) C TENGTH OF STAY IN 16 RURAL and give negrest town) d. NAME OF HOSPITAL (If nat in haspital, give street address) e. IS RESIDENCE OR INSTITUTION ON A FARM YES TI NO puc NAME OF 4. DATE Middle Lost Year DECEASED (Type or print) DEATH 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HPS last birthday) Months Days DIVORCED WIDOWED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11/ BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRYS during most of working life, even if retired) corbon ofter o 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Z mave 15. WAS DECEASED EVER IN U. S. ARMED FOXCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) E DEM A ULMON ARY 2-1118 DUE TO AMERIOSCHEROTIC C.V. DISEASE Conditions, if ony, which gave rise to immediale per DUE TO catse (a), stoling the underond lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Hall 19, WAS AUTOPSY TION PERFORMED? YES T NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c, TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City ar tawn) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) o. m. While Nat while at wark of wark 21. I certify that I attended the deceased from JANV MRY 5 1962 to JANUMAY 22 1962 that I last saw the deceased , and that death occurred at 5-15AM, from the causes and on the date stated above. DATE SIGNED ACTUAL prior DIRE 0 PHYSICIAN'S O FUNERAL NAME Type 3 BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town of county) (State) pode REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A1S (4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

m. we.	TE OF DEATH	CENTIFICA	
NEW YORK STREET		10000	
	1000		
			ER PO GRADING THE RISK CONT.
AND DESCRIPTION OF THE PARTY OF	Del at with up		of barrowski and hornout a control state of the
the tendered with all of the art of the 2 minutes by a fill of the 2			
			the second control
	Entrantal No. 150		

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH the funeral 2. USUAL RESIDENCE (Whare daceasad lived, If institution, Residence book addission) 1. PLACE OF DEATH

	12-010	THE RESIDENCE OF THE PARTY OF T	e. STATE	B. COUNTY	01.
	pacto.	MARYLAND	Ma.	(oa	ere.
	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tsida corporate limits, writa RURAL a	and give neerest town)
	write RURAL end give nearest town)		X = 50: -1.1	0. (1)	
	speddler ower		1 micron	e fine	
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi	ital, give street address)	d. STREEL ADDRESS		e. IS RESIDENCE
U	1811 -10 0 11	1 - 2 -	x 21/ B.	-135	ON A FARM?
.6	1207 3 033 (Salt	0,20 10-	1. V. 100x	5033	YES NO
3.	NAME OF First	Middle	Last 4.	DATE Month	Day Year
	DECEASED IAMEC F	DAMA.S	CARACTE	OF O	0 / 2
	(Type or print) UFT/1/25 1-0	PANCIS	OMKREII	DEATH Jun.	7 1962
5.	SEX 6. COLOR OR BACE 7. MARRIED	NEVER MARRIED 8.	DATE OF BIRTH	9. AGE Wyeers IF UNDE	RIYEAR IF UNDER 24 HRS.
-	320 SIFL MARRIED	I HE VER MARKIED	0 == +	last birthdey) Months	Days Hours Min.
	Male There WIDOWED	DIVORCED	8-23-10	2 49 yrs.	
10e	. USUAL OCCUPATION (Give kind of work 10b. KIN	D OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County &	Stete, or foreign country) 12. C	ITIZEN OF WHAT COUNTRY?
do	ne during most of working life, even if retired)				9111
	Cinches (anduits		(Salto.	BOOK BOOK DOOR TO AN INCOME.	11.1 4
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	~ ~ ~ /
(1000		14. Monte of the last	1011	
-	John Harrell		Hophesa)	Cles	
15/	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17. II	INCORPORATE OF THE PARTY OF THE	Addess	
Te	s, no, or unkown) (Ifyes give wer or dates of service)	OCIAL SECORITI NO. 17. II	TO SULANT	Toross	+///
	2/10	-02-8082 40	hn Garrett	- 113 Margar	el all a)
	TIO CATURE OF PRESENT SE	00000		1	INTERVAL DEVINEEN
	18. CAUSE OF DEATH [Enter only one couse per lin	ne for (a), (b), and (c).		0 1	ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	Q.T.			9-110
	IMMEDIATE CAUSE (+)	Clark m	yo carelia	x infancion	mmil.
	DUE TO				
		TOI		ilanda di i	
	Conditions, if eny, which (b)	The school	couring	ous en a custa	e syrs
	gave rise to immediate cause		- 1		
	(a), stating the underlying				
	causa last. (c)				
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NO	RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PA	
5					PERFORMED?
Z.					YES NO
FI	20e. ACCIDENT WAS UNDERLYING 7 2Db. DESC	RIBE HOW INJURY OCCURED.	(Enter nature of injury in Part	I or Part II of item 18.)	
ERT	OR CONTRIBUTING [] CAUSE OF DEATH				
Ō	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
Y.	2Dc. TIME OF INJURY Month, Day, Year 20d. IN	NJURY OCCURRED 200. PLAC	E OF INJURY (Home, farm,	20f. (City or town) (C	ounty) (State)
200	Hour a.m. While		ry, street, office bldg., etc.)		
VE .	p.m. 19 et work				
			10	61 . 1. 0 .	2(7. 1. 10 1) 1
	21. I certify that (I) (this hospital) attended	ed the deceased from	Da.C., 19.	61, to fam 9 , 1	9.4.5, that (I) (we) last
	saw the deceased alive on	19 62 and that	death occured at 3 A	M. from the causes and on	the date stated above
	A 11	and man		., ., ., ., ., ., ., ., ., ., ., ., ., .	22b. DATE
	22a. SIGNATURE	01	ATTENDING MED.	STAFF	/ SIGNED
	Kaciis Semen	N. M.	DULLE LA DIREC	CTOR PHYS.	1/9/27
		//	22d. ADDRESS		. / / / / / / /
	22c. PHYSICIAN'S NAME (Type)	//	- 5 1	0 0	
	LOUIS DE ME	NOFF	2100 URE	MS KD BALT	TO 20, MS
231	BURIAL, CREMATION, 236. DATE THEREOF	23c NAME OF CEMETERY	R CREMATORY 2	3d. LOCATION (City, town or cou	(State)
	REMOVAL (Specify)	11/2 6	111-1	13-040 1'A	md-
1	Burial 1-14-62	Care of u	w TV	20010.00.	
24	FUNERAL DIRECTOR'S SIGNATURE	APPRESS	1 1 250. REC'S	BY REGISTRAR 256. REGISTRAR'	S SIGNATURE
	Islan h V	488	21/ 1/ DIE 14 NI	11 '62 Cinhung	& Thous
		I D IAMAIAAA	THE DATE JAN	1 06 Consul	H. LANANA

TO HOSPITAL CASE INDING PHYSICIAN: The law requires that the death certificate be executed within 2. death. Page 4 m is alreed by the hospital or attending physician.

TO FUNERAL DAZCTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

15M 9/6D

Buckeye Mark 5 193 Bath 20 3hd M. Bix 1833 LAMES FRANCIS GARRETT S. males White 84 125-12 49 Beth ander Tolehate Affin Olin John Gerrett mens cies of the Lance 113 hough it letters Box a state of the state of the state of the Lucias of the Sure Call Sure Contract Fred & Handle Mc Cate and a second

-29-62 VILLA

Baltimore

e. IS RESIDENCE

YES NO

19

12. CITIZEN OF WHAT COUNTRY!

United States

Glenarm, Md.

INTERVAL BETWEEN 48 hrs.

10 yrs.

PERFORMED?

NO .

(Stete)

SIGNED

(County)

MARIA CEM. NOTCH

DATEN 3 0 '62

IF UNDER 24 HRS.

ON A FARM?

TO HOSPITAL death, Page 4 TO FUNERAL director, I VR A15 (4) 15M 9/60

REMOVAL (Specify)

24 FUNERAL DIRECTOR'S SIGNATURE

Clement, Markette Charles

and the Lease of

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April 6, iBec . . 61 T

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A RESIDENCE STEEL

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ATT 1815

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	MARYLAND STATE DEP	AR			
	DIVISION OF STATISTICAL RESEARCH AND RECORDS,	301	W. PRESTON STREET, BALTIMORE 1	, MARYLA	ND
	00258 CERTIFICATE	0	FDEATH	(1)	11252
	LACE OF DEATH	2.	USUAL RESIDENCE (Where decaased lived, If inst		a beible admission)
a	BALTO . MARYLAND		a. STATE MD, b. COUNTY	DAY	TO.
ŀ	c. LENGTH OF STAY IN 1b write RURAL and give neerest town)	X	c. CITY OR TOWN (If outside corporate limits, write RI	URAL and give a	neerast town)
(NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	1	d. STREET ADDRESS		a. IS RESIDENCE
	64 BERKSHIRE RO.	6	64 BERKSHIRE RE	D.	YES NO
	NAME OF DECEASED TYPE DERICK LEGER	241	ACH DATE Month OF DEATH JAN.	12-	19 6 2
5.		B. DA	TE OF BIRTH 9. AGE (In years) IF	UNDER 1 YEAR	IF UNDER 24 HRS.
1	MALE WHITE WIDOWED DIVORCED	No	or. 29-1900 61 yrs.	onths Days	Hours Min.
	USUAL OCCUPATION (Give kind of work a during most of working life, even if retired)	TRY 11	BIRTHPLACE (County & Stele, or foreign country)	12. CITIZEN O	F WHAT COUNTRY?
	Ber Tender		BALTO, MD.		
13.	FRANKLIN L. GERLACH	14.	MARY HOHH		
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFO	RMANT Address		
(Ye:	, no, or unkown) (Ifyesgivewerordetesofservice)	VE	RESA(WIFE) SAM	E DS	ABOVE
1	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).]	7	1-011		ERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONCUM-	or	no of less being	ON 9	SET AND DEATH
	DUE TO 0				
	Conditions, if any, which (b) Mula stars	210		12	2-15-61
	geva risa to immadiate ceuse				
	(a), stating the underlying DUE TO				
	cause last. (c)				
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT REI	LATED TO THE TERMINAL DISEASE CONDITION GIVEN		PERFORMED?
FIC	2De. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURE	ED. (Ent	ter neture of injury in Part I or Part II of item 18.)		
	OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL			OF INJURY (Home, farm, 2Df. (City or town) streat, office bldg., etc.)	(County)	(State)
	21. I certify that (I) (this hospital) attended the deceased from	1	Lest i. f., 1961, 10 Jan 12	19.6.2	hat (I) (we) last
			ath occured at. 9.P.M., from the causes ar		
	220. SIGNATURE	M.D.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.		22b. DATE SIGNED
	Marie Wall		224 ADDRESS O		,

22c. PHY ICIAN'S NAME (Type)

BALTO (City, town or county)

230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BOOK DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY SECTION 1-16-1962 SACRED HEART COMMITTEE STORY SIGNATURE LANGUE EASTERY DAY.

DATE JAN

256. REGISTRAR'S SIGNATURE arthur & Kine

death. Page VR A15 (4) 15M 9/60

TO HOSPITA

funeral

O HOSPITAL OR CANDING PHYSICIAN: The law requires that the death certificate be executed within 24 death. Page that he can be executed within 24 death. Page that he can be completely filled to attending physician.
O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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27.15.3 EN BERKEHINE IND. EN BERKEIMIE KIE. Extraction by Germany is hard the THAT STATE OF THE Acres Services ABLEO MAD BIANKEN I GERLECH MART HOAH FASTESHINES (STORE OF STORE) E the company of the body of the second March - Comment 115 the Course of the 1175-62 FERREN - 1-16-1922 SHINED HEART CENT SALTE CEST TO Little of Comment Company of State of the Comment Comm

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, B

	00257	CERTIFICATE	OF DEATH		00254
PLACE OF DEA	гн Baltimore	MARYLAND	2. USUAL RESIDENCE (Where dece	esed lived, If institution: R b. COUNTY	esidence before edmission
b. CITY OR TOWN	(if outside corporete limits,	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside corpo	AND THE PARTY OF T	marest town)
Ca	tonsville 28		Baltimore 31	3.1	01-4
d. NAME OF HOS	PITAL OR INSTITUTION (if no	in hospitel, give street eddress)	d. STREET ADDRESS		ON A FARM?
aton Ridg	e Nursing Home	e,329 Harlem Lane	107 South Chape	1 Street	YES NO X
NAME OF DECEASED	First	Middle	Last 4. DATE	Month	Day Year
(Type or print)	VITOL		Gineko DEATH	January	28 19 62
. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED		AGE (In years IF UNDER 1	
male	white w	DOWED DIVORCED	December 8,1882	79 yrs. Months	Deys Hours Min.
	ATION (Give kind of work working life, even if retired)	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (County & State, or to	reign country) 12. CITI	ZEN OF WHAT COUNTRY
Press		Tailoring	Poland		U.S.A.
3. FATHER'S NAME	known		14. MOTHER'S MAIDEN NAME unknown		
S WAS DECEASED	EVER IN U.S. ARMED FORCES	16. SOCIAL SECURITY NO. 17.		Address	
Yes no or unkown)	(If yes give wer or detes of service		ton Ridge Nursing Ho		em Tane
I 10 CHIEF OF	DESTH Jenter only one car	se per ling for (e), (b), end (c).]		, 527 11011	I INTERVAL BETWEEN
	ATH WAS CAUSED BY:		A		ONSET AND DEATH
Conditions, if e geve rise to imme (e), stating the ceuse lest. PART II. OTH	diele ceuse underlying DUE TO		as a result		1(e) 19. WAS AUTOPSY PERFORMED?
	llky dealy-	- mulhu	lulu		YES NO
OR CONTRIBUTION	WAS UNDERLYING 20 IG CAUSE OF DEATH FY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in Pert I or Pert II o	f item 18.)	
20c. TIME OF IN Hour a.m			ACE OF INJURY (Home, ferm, 20f. (City of tory, street, office bldg., etc.)	or town) (Cour	nty) (State)
21. I certify	that (I) (this hospital)	attended the deceased from	6 1 7, 1957, 10	1/28 , 196	A.2, that (I) (we) la
saw the dece	ased alive on	128 196 7 and tha	t death occured at 3. A.M., from		
22e. SIGNATUR	Coince (C	2	ATTENDING MED. PHYS. DIRECTOR	STAFF PHYS.	22b. DATE SIGNE
22c. PHYSICIAN NAME (Ty	Cliff Rat	:liff, Jr, M.D.	DOL ADDRESS	A ^V enue , Zor	
230. BURIAL, CREMA REMOVAL ISpeci BURIAL	TION, 235. DATE THEREOF			ION (City, town or county	(Steta)
		St.Peters		ltimore	CICNIA TURE
24 FUNERAL DIRECT		aul Street, Zone		AR 256. REGISTRAR'S	SIGNATURE
Lim Carle T			2 DATE CEN 2 162	anthur &	

BERTHE. Con Symmodelle enter the same and the same again, not a The to work of the same with the same of the beat the same of the constitution of the contract o Cherry Sand Carlot St. Dr. Hall The first of the concession of the first based with the policy and the first had been a Part of the second seco The state of the s in. Cols, rac., 1212 85. Paul Strack, Marc. I the Strack of the strack o

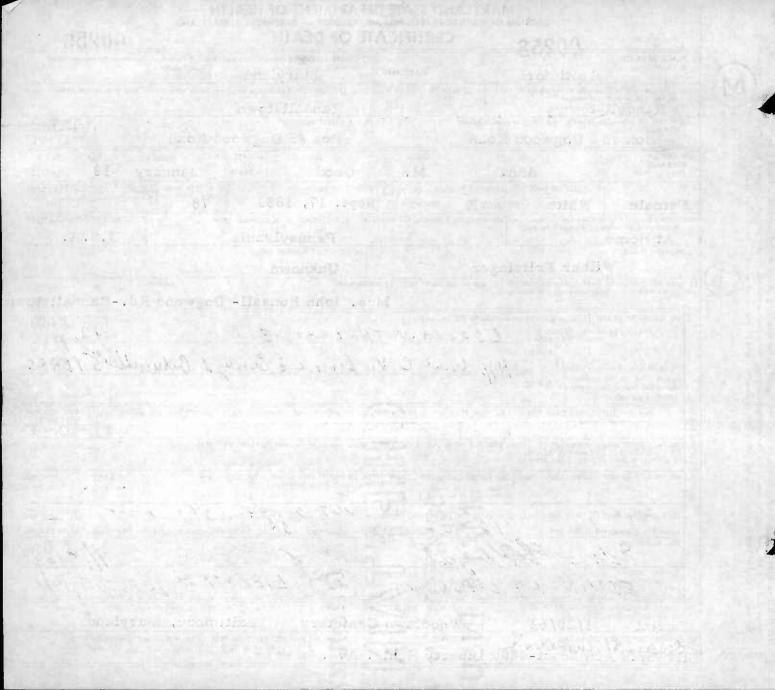
TO HOSPITAL OR AT

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13	6 0	0	p	grave.
1.	2. 2	. 1	2	5
 	8.7	6.	n J.	- 1

	00259	CERTI	FICAT	E OF DI	EATH				11125	5
a. COUNTY	Baltimore		RYLAND	o. STATE	Maryla		lived. If institution b. COUNTY		nce before ad	
b. CITY OR TOWN (I RURAL and give no Randal		rrite c. LENGTH OF STA	Y IN 1b	1	dallst		ote limits, write R	URAL and	give nearest !	awn)
d. NAME OF HOSPIT OR INSTITUTION Box #	AL (If not in hospitol, give s Dogwood			d. STREET A Box		ogwoo	d Road		0	RESIDENCE N A FARM?
NAME OF DECEASED (Type or print)	First Ann		•	Good		4. DATE OF DEATH	Janu		Doy 18	Year 1962
Female		MARRIED NEVER MARI		DATE OF BIRTH			9. AGE (In years last birthday) 78 yrs.	IF UNDER	Days Ho	
At Home	ON (Give kind af wark dane king life, even if retired)	10b. KIND OF BUSINESS	OR INDUST		ACE (State o		untry)	12. CIT	U.S.A	
	Vilbur Fritzi				maiden n nown	AME				
. WAS DECEASED EVE (es. no. or unknown)	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service	7 16. SOCIAL SECURITY N		s. John	Bon	sall- l	bbA Dogwood		-Rand	allsto
Canditions, if a gave rise to i couse (o), stating lying cause last.	mmediate DUE TO	Hypidralis	C,V,	Mides	d c)	(Verselly	ed Girls	und	W 5 Y	EARS
	HER SIGNIFICANT CONDITION		45/14					EN IN PAI	PE	AS AUTOPSY RFORMED?
(IF EITHER, NOTIFY	MEDICAL EXAMINER)	. DESCRIBE HOW INJURY	OCCURRED.	. (Enter noture of	finjury in P	art I ar Port	II af item 1B.)			
20c. TIME OF INJUR Hour a. m. p. m.	10	20d. INJURY OCCURRED While Nat while It work of work		CE OF INJURY (Fory, street, office			ar tawn)	((Caunty)	(State
21. I certify the	at (I) (this haspital) of				10, 19.	54.ta M, fram t	the causes an	18, 19 d		l) (we) las ted abave
220. SIGNATURE	dun H	Verpent)		ATTENDING		D. RECTOR	STAFF PHYS.		1/19	22b. BATE SCHEE
22c. PHYSICIAN'S NAME (Type)	WIN LIP	PERPONT, M	1.0.	22d-ADDRE	55421	BER	TY PA	BAL	7017,	Mil
o. BURIAL, CREMATIC REMOVAL (Specify) Burial	23b. DATE THEREOF	23c. NAME OF CE		crematory emeter			on (City, tawn,		,	State)
FUNERAL DIRECTOR	Lumieras	ADDRESS	Iahte	Ave	2Sa. REC'D	2 4 162	AR 2Sb. REGI	STRAR'S SI	MATURE MANA	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		0025	3	CERTIF	ICAT	E OF DEA	ATH			Reg. Dis	it. No.	00	256
1. PLAC	OF DEATH	timore		MARYL		USUAL RESIDENCE	E (Where deceas		institutio OUNTY	n: Residen	ce before	odmiss	ion) /
	TY OR TOWN (If	autside corporate limi	ts, write	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWI	N (If outside corp	orate limits,	write RL	JRAL and g	ive near	est fown	1)
Cat	onsvil	le				Baltim	ore			3	10	1.4	-
d. NA	ME OF HOSPITA	AL (If not in hospital, g	ive street	oddress)		d. STREET ADDRE					e	. IS RES	IDENCE FARM?
		rsing Ho			odA	3810 C	laremon	at St					NO
3. NAM DECE. (Type	E OF ASED or print)	Luigi	'st	Middle	G	raziapl	4. DATE OF DEAT	H Jan	Mon		Doy 18		Yeor 19 62
5. SEX		6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (1 lgst bir	n years	IF UNDER			-
Me	le	White	WIDOWI	DIVORCED		ovem.15	1879	82	yrs.	Months	2°93	Hours	Min.
10a. USI duri I	DAL OCCUPATION MORE TO THE PROPERTY OF THE PRO	N (Give kind of working life, even if retired ETITED	done 10b.	thlehem S	teel	Co (Ita	(State or foreign	country)			Ita.		COUNT
	ER'S NAME				1	4. MOTHER'S MAI	DEN NAME				2 0 011	7	
	Giuse	ppe Graz	iapl	ena		Lucia	2						
	DECEASED EVER	IN U. S. ARMED FOR	CES? 16.		17. INFO	RMANT			Addr	ess		1	5
no		f yes, give wor or dates of t		3-09-0864	A(Fr	ederick	C.Gra:	ziapl	ena	103	S.I	Robi	insc
18.	CAUSE OF DEAT	TH [Enter only one co	use per li	ne for (o), (b), and (c).]	/	1 1	0 /	11.		1	INTER	RVAL BE	TWEEN
go cou lyin	enditions, if an ve rise to im use (a), stating the couse lost.	mediate ()	Disea. Arth	sele n'h:	rutic (-drdio	toi	d.	. Joh			
ICATION				9 200 - C	dr y	Hr	2 hid	- (I)	m	1 5		PERFO YES	RMED?
U (IF E	ACCIDENT WAS CONTRIBUTING HTHER, NOTIFY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	inter noture of inju	ry in Part I ar Pa	ort II of item	18.)	/			
WEDICAL	TIME OF INJURY Haur o.m. p. m.	' Month, Day, Ye	While	NJURY OCCURRED Not while of work	Oe. PLACE factory	OF INJURY (Hame , street, affice bldg	, form, 20f. (Ci	ty or tawn)		(0	aunty)		(Stote
21.	I certify the	at I/attended the	deceas	ed fram.	1	919 to	1/18	100	19	_,that	last sa	w the	decea
ali	ve an	1/17/62	, 19	A and that o	death ac	curred at	A.M. fro	m the co	uses a	nd an th	ne date	e state	ed aba
		(-)///	2 6	hoter			ADDRESS	Street, city o	or town,	state)		DA	ATE SIGN
	UAL NATURE	117	/1	1 100	M.D.	130	3 +r	14272	CE	K.C.			19.4
PHY	SICIAN'S ME (Type)	W.E.	n	ic Greth	1	C	it was	sille	28.	md		'/'	1/0
REA	CIAL, CREMATION AQVAL (Specify)	Jan. 22	-	Sacred H		of Jest	us Gerr	nan H		Rd.	Bal	Lt.	122
23. FUN	RAL DIRECTOR		1,	ADDRESS		240	. REC'D BY REGI	STRAR 24		TRAR'S SIC			010 7
4	rank	Della	1coe	Q_ 32	2 5.	High Both	TEJAN 22'	62	Cho	hun S.	Timus		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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eral director, be filed with



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				e koo e di	District Name
and the state of the second state of					
					The man black in
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The second secon	ATA DISTANCE				
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as Telephone . Pe Creek Line		Cann home		* 1.4	
Spiritage (School of State of	V.		14		

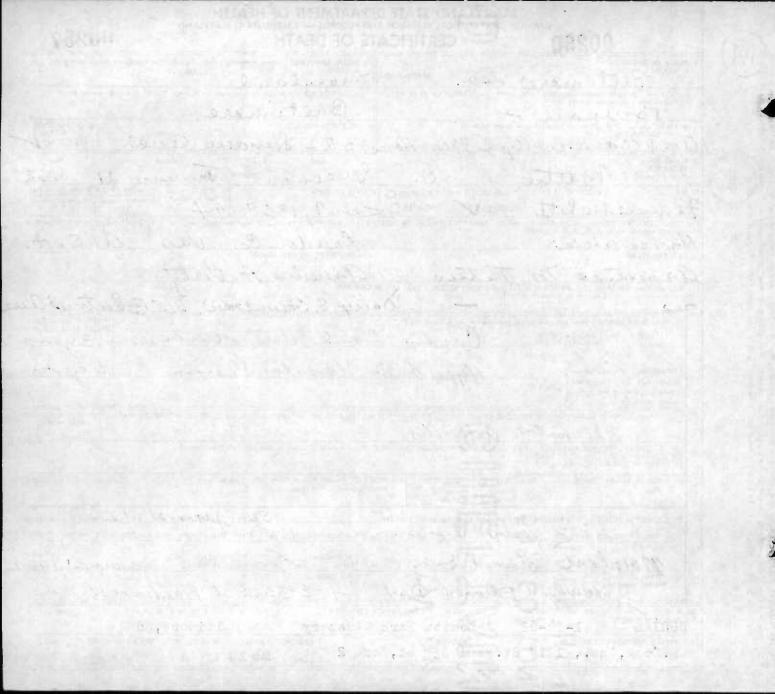
may be retained by Spital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the it page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shout the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death.

ING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

TO HOSPITAL OR AT VR A15 (4) 15M 9/59

1. PLACE OF DEATH O. COUNTY Bactimes Day MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Tousau 4	Baltimore 3101.4
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
age of Evanew & aged Mous Hom	1322 Lender Ceve YES NOD
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) Matte &.	Green DEATH Variary 21 1962
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Temele white WIDOWED DIVORCED	Feb. 7, 1867 94 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU guring most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Harra weles	Loudon Co Va. 11.5. A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
assite on The	Change of the
1s. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address
(Yes, no, or unknown) (If yes, give war or dates of service)	and all and a literary of the Va
no p	any c. Hamilton, old Carelmer is
18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Causho -	Kinal allers clinta Slesion 3 geors
DUE TO	
Conditions, if ony, which) (b) Kripes Preses	o Vastular Illsiase Gagas
gave rise to immediate cause (a), stating the under-	
lying cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
3 Rheumators artweitis	PERFORMED? YES \(\text{NO} \)
206. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	LACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (Stote)
Hour a.m. While Not while fa	actory, street, affice bldg., etc.)
p. m. 19 at wark at work	
21. I certify that (I) (this haspital) attended the deceased fram.	
saw the deceased alive an January 20 1962, and that	death accurred at ULYUM, from the causes and an the date stated above.
22a. SIGNATURE	ATTENDING STAFE . 22b. DATE SIGNED
Meluland Edward Day	M.D. ATTENDING MED. STAFF PHYS. DANUAL 21, 196
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
Newland Edward DAY	4-E-33rd St Baltime 18 Mil
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town, or county) (State)
BURIAL 1-24-62 Loudon Park	
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Wm.Cook, Inc., 1217 St. Paul Street, Z	one D
	DATE JAN 23 '62 Colon & Thomas



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

00261

CERTIFICATE OF DEATH

111258

1. PLACE OF DEATH I TEMS 2 & 12 Film	2 USUAL RESIDENCE (Where deceased lived. If institution	n: Residence before admission)
o. COUNTY Baltimore MARYLAND	o. STATE Md. 3 V b. COUNTY	Balto. City
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If oulside corporate limits, write RL Balt	JRAL ond give negrest town) imore 24, Md.
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS 837 S. Kenwo	S. Kenwood Ave
Saint Josephs Nursing	CATIONSIVILLE	YES NO
3. NAME OF DECEASED First A Middle	Lost 4. DATE Mont	th Day Yeor
(Type or print) Seweryna Wzywoski & SAL	LYSRA YBOWS DEATH ()4	N 12 196.
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BITH 9. AGE I'm years lost birthday)	Months Doys Hours Min.
FEMALE WHITE WIDOWED DIVORCED	2001 0 18 11 83 yrs.	
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI during most of working life, wen if retired)	USTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
nousework	POLAND	Poland /
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME WWKNOWN	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Addr	Art .
(Yes, no, or unknown) (If yes, give war or dates of service)	Shall Manager	633
	ANNAMAGONSKI	INTERVAL BETWEEN
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY:	of live	ONSET AND DEATH
IMMEDIATE CAUSE (o)	200	3713
DUE TO Conditions, if ony, which:		
gove rise to immediate DUE TO		:
lying couse lost.		
	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIV	EN IN PART I(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL		PERFORMED?
20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Port I or Port II of item 1B.)	
	PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)	(County) (Stote
21. I certify that (I) (this hospital) attended the deceased fram	is englared 9, 10 for 1-	2, 19.62 that (1) (we) las
	death accurred at DPM, from the causes and	d an the date stated above
220. SIGNATURE	M.D. PHYS. ATTENDING MED. STAFF DIRECTOR PHYS.	1 / 22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type) JAMES E. ROWE	10/1 FREDERIC	KRD #28
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		
BURPAL 1-16'62 ST. STAN	USLAUSCEN 6515B	OSTONST
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	AV 250. REC'D BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE
Marie Transously 10005 KENU	(UN) = DATE MAN 1 8 '62 C.	when & House

VR A1S (4) 1SM 9/59

FE MALE WHITE POLANDS FREE STATE TAME WAS IN The state of the s A SELECTION CONTRACTOR OF THE ACT BURGER LOVE COSTS TRANSLADAN COM POSTS ACST The state of the many states of the state of

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00262 MEDICAL EXAMINER'S CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY files. MARYLAND b. CITY OR TOWN (if outside corporata limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 writa RURAL and giva naarest town) of WSON S 0.0 Board for y in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral dir. In pencil in Item 18. Give Pages 1, 2, and 3 to the funeral dir. Office along with form PM3. Page 5 may be retained for yourial-transit permit. File pages 1 and 2 with the State Board oval, and in any event within, 72 hours after death. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give streat address e. IS RESIDENCE ON A FARM? YES NO NAME OF Middle 4. DATE Month Day DECEASED (Type or print) DEATH 19 6 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED J last birthday) Months Hours WIDO WED DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, evan if retired) UST 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JAMES HELEN TACKSON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (If yasgive war or datas of sarvica) Office along with for burial-transit permit. certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN NEUMONITIS I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INFLUENZA **DUE TO** removal, Conditions, if any, which (b) "pending" Examiner's (gave risa to Immadiata causa DUE TO (a), stating the undarlying cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? rificate, writing the word and to the Chief Medical ECTOR: Page 3 should be NO [20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) ute the critices of order o PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20f. (City or town) (County) (Stete) factory, streat, office bldg., atc.) Whila Not While Hour a.m. al work et work p.m. ease execute the certificate, should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Z designated agent, Natural causes 1. Accident death resulted from: Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER NAME (Type) WILLIAM Address (Street, city, town, or county) 22a, 8URIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or country) (Stata) REMOVAL (Specify) 0 70 P40 FUNERAL DIRECTOR ADDRESS \$ REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME 1 9 762 5M 7/59 DATE

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FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00263 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Ren			11	11	9	R	0
Rea	Dist.	No.		4.9	61	()	11

1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND					Datchiole								
	b. CITY OR TOWN (if outside corporale limits, write RURAL c. LENGTH OF STAY IN 1b and give neaget town). Dundalk					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk							
,	. NAME OF HOSPIT	AL OR INSTITUTION	If not in hasp	oital, give street address	1)	d. STREET A	OORESS					e. IS RESIDENCE	
	3545 McSh	ane Way				35	45 M	c Shan	e Way			ON A FARM?	
1	NAME OF DECEASED (Type or print)	Ernest	st	Middle	H	endslip		4. DATE OF DEATH	Jam.	h 7	Doy	Yeor 19 62	
5. 5	EX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED					9. AGE (In years	IFUNDER 1	YEAR IF	UNDER 24 HRS.	
M	ale	White	WIDOWED	DIVORCED [0	October	30,	1891	70 yrs.	Months D	oys Ho	urs Min.	
L	Machinist Machinist	g life, even if retired)	dane 10b. K Ste	IND OF BUSINESS OR I	INDUST	Engl	and		ountry)		U.S.A	HAT COUNTRY?	
	FATHER'S NAME	. 3 . 3				14. MOTHER'S							
-	illiam Har		nerco Iv.		I. m. m		e Pu	rvis					
[Yes	, no, er unknown)	ER IN U. S. ARMED FO (If yes, give war or dates of	service)	SOCIAL SECURITY NO.		IFORMANT			Address				
IN	0.			3-07-9097	Mr:	s. Flore	nce I	lands1	ip 3545]	McShan	-		
		diote couse	<i>H</i> -	·S-C-V		Disek	75-é				INTERVAL I		
Z	PART II, OTH	IER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH	BUTN	OT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	1(o) 19. W	AS AUTOPSY	
3	No. 12 Page 1			,	1						YES	ERFORMED?	
CERTIFICATION	200. EXTERNAL CAL PRIMARY OF COL CAUSE OF DEATH.	JSE WAS NTRIBUTING []	b. DESCRIBE	HONVINJURY OCCUR	REO. (E	nter nature of in	ury in Part	I or Part II	of item 18.)	1-10		7	
MEDICAL	20c. TIME OF INJU Hour a. m. p. m.	RY Month, Day, Yes	While		e. PLAC facto	E OF INJURY (Fory, street, office	lome, form bidg., etc.	20f. (City	or tawn)	(Coun	ly)	(Stote)	
	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry and in my opinion death resulted from: Natural causes . Accident , Suicide , Homicide , Undetermined monner												
	ACTUAL SIGNATURE	873 R	ra	v~		_M.D.		AMINER	аП /	1/	8/8	TE SIGNEO	
	EXAMINER'S NAME (Type) M.	B. Davis,	M.D.					EXAMINER 6					
-		N. 22b. DATE THEREC		Oak Lawn C				-	ION (City, town,	or county)		(State)	
	FUNERAL DIRECTOR			ADDRESS				BY REGISTI	RAR 246. REGIS	STRAR'S SIGN			
U.	llrich Fun	eral Home	Dundal	k,Md.			DATE JA	N 1 0 '6	12	ilus L. 1	rivum		

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is nece execute the certificate with the word "pending" is pendil in them 18. Give Pages 1, 2, and 3 to the funeral direction of should be far a page 1, 2, and 3 to the funeral direction of should be far a page 2, and 3 to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be relatined for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board are its designated agent. prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

2

		See.		
A 137				
		.= 1111		
			10 mm	
		el Di		
	Discount from the control			

PERFORMED? YES NO

20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED Doy, Year

(County) (State) foctory, street, office bldg., etc.) Hour o. m. While Not while at work at work that I last saw the deceased 21. I certify that I attended the deceased fram.

and that death occurred at 12:13 GM, from the causes and an the date stated above. alive on ADDRESS (Street, city or town, state)

ACTUAL SIGNATURE Newland Edward Dey, M. D. 33rd Street, Zone PHYSICIAN'S East NAME (Type)

220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 1-16-62 Loudon Park Cemetery

Wm. Cook-Inc., 1217 St. Paul Street, Zone 2

ADDRESS

22d. LOCATION (City, town, or county) Baltimore

e. IS RESIDENCE ON A FARM?

3

YES NO

19

12. CITIZEN OF WHAT COUNTRY

INTERVAL BETWEEN ONSET AND DEATH

4 nuacy13

(Stote)

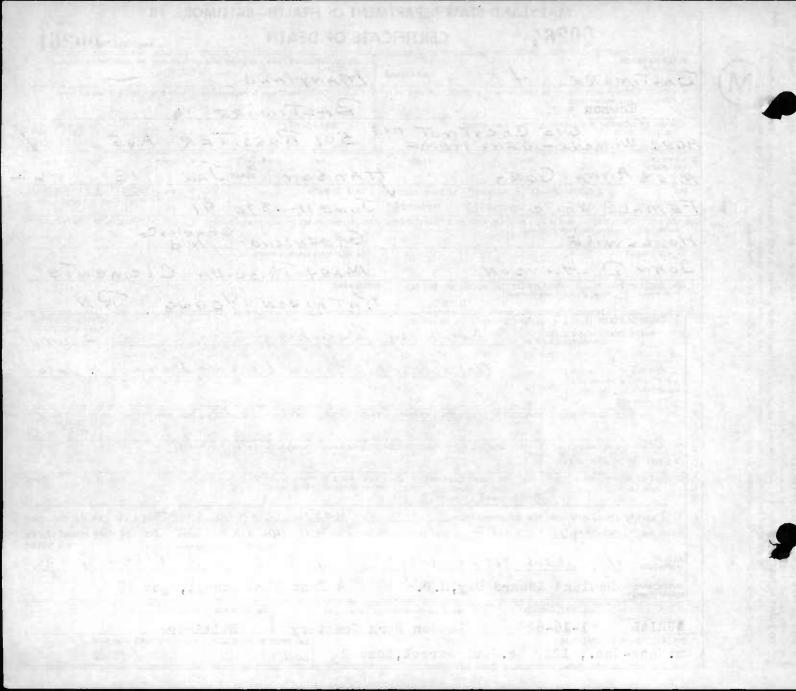
24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Thous DATE AN 1 6 '62

TO FUNERAL DIREC should pri page

VS A15 (4) 15M 9/5B



23. FUNERAL DIRECTOR'S SIGNATURE



FOR STATE HEALTH DEPT

TO DEPUTY ME.

L. EXAMINER: This certificate should be executed within 24 hours after death. If any delay ic please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direction of the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 78 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00265 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

L	1. PLACE OF DEATH	2.	USUAL RESIDEN	ICE (Where de	ceesed lived, If	institution: Res	idence belore edmissio	n		
A	•. COUNTY Baltimore MARYL	AND	a. STATE Md.		b. COUN		Balto.			
VI.	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY		c. CITY OR TOWN	(If oulside corpo	orale limits, writ					
	write RURAL end give neeres! town) Reisterstown 35 Years	S	X Dod of an							
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddres	1 1	Reisterstown d. STREET ADDRESS							
X	Wilson Ave.						ON A FARM			
	3. NAME OF First Middle		Wilson A	4. DATE	Mont		YES NO Dey Year	4		
	DECEASED (Type or print) John Tollie	На	rden	OF DEATH	Jan		0 60			
			ATE OF BIRTH		AGE (In years		- 17			
	7. MORRIED NEVER MARRIED		,	7.	last birthday)	Months De		_		
	Male Colored WIDOWED DIVORCED		y 6, 1886		75 yrs.					
1	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	INDUSTRY 1						Y		
1	Laborer		Maryla	and		U.	S.A.			
)	13. FATHER'S NAME	14.	MOTHER'S MAIDEN	NAME				Ī		
/	John T. Harden	100	Sophia	Smith						
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO). 17. INF	DRMANT		Address			Т		
	(Yes, no or unkown) (If yes give were deless of service) 215-32-2319A	Mrs.	Sadia Tr TT	ייחחיו	Baltime	ore 15.	Md.			
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c)	1	I INTERVAL BETWEEN							
	PART I. DEATH WAS CAUSED BY: Arterioscles		ONSET AND DEATH							
	A Country Country (a)									
	T do do DUE TO									
	Conditions, if eny, which (b)									
1	(e), steting the underlying DUE TO		100							
0	cause lest. (c)									
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)									
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P 20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONT								
	200. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCC									
	CAUSE OF DEATH. none none	FRIMARY □ or CONTRIBUTING □ □ CAUSE OF DEATH. none none								
	Hone hone									
	Hour e.m. none While Not While fectory, street, office bldg., etc.)									
	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X, and									
	death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined manner									
	NOMINE NO Proplem		CHIEF MEDICAL ASSISTANT MED							
1	ACTUAL D.D. Cagles		DATE SIGNED							
4		6 Hans	DEPUTY MEDICA	L EXAMINER	Over Mo		1-3-62			
	NAME (Type) D. D. Caples, M. D.	6 Hano	Address (Street,							
	22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEME	ETERY OR CRI	MATORY	22d. LOCAT	ON (City, lown	, or country)	(Stete)			
\	Burial Jan.4,62 St. Luke	s Ceme			stersto					
1	23. FUNERAL DIRECTOR ADDRESS			C'D BY REGISTR		ISTRAR'S SIGN	IATURE			
V3	J. F. Eline & Sons Reisterstown, Md		DATE	JAN 5 '	62	William &	Krist			

Doming to Misers province of the action of Misers and the same of the same THE PERSON BUILDING THE PROPERTY OF THE PARTY OF THE PART

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) e. COUNTY Baltimore Page a. STATE b. COUNTY Marvland Baltimore MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give neerest town) for your Catonsville dire d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE Boar ON A FARM? Ilill Langford Road Illl Langford Road be retained th the State B YES NO 3. NAME OF Middle DATE Month Dev Year DECEASED to the BARBARA ANN HARRINGTON January (Type or print) 19 death. I 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (tn years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5 may da2 with ast birthdey) Months Female White and Oct.26.1957 WIDOWED [DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? PM3. Page pages pages within 72 h done during most of working life, even if retired) Md. USA None None PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Harrington Betty Ann Rattenbury 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (Ifyes give wer or detes of service) permit. None Mr. John Harrington, 1411 Langford Rd. with This certificate should be executed in pencil in Item Office along w 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Bronchitis with early Bronchopneumonia IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if eny, which Examiner's (gava rise to immediate cause "pending" DUE TO (a), steting the underlying 0 cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY writing the word " e Chief Medical Ex Page 3 should be u PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chie 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. the R: P et work et work forwarded to the L DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER lease execute the should be forward. FUNERAL DIE ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S Charles S. Petty, M.D. NAME (Type) Address (Street, city, town, or county) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220, BURIAL, CREMATION, 22d. LOCATION (City, town, or country) (Stete) REMOYAL (Specify) Ø40 9 Meadowridge Cemty. Burial OI Dorsey Md. 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Witzke, 4101 Edmondson Ave. JAN 2 9 '62 VS. A15ME arthur & Herris DATE 5M 9/60

tem 18 Film 308 3-1-6 MARYLAND STATE DEPARTMENT OF HEALTH

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Botty Ann Hettenburg

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there , 4100 Edmondson Avo.

VR A15 (4) 15M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY BALTIMORE		MARYLAND								
b. CITY OR TOWN (if outside co write RURAL and give neere		c. LENGTH OF STAY IN 16								
FORT HOWARD		28 DAYS	BALTI	3 VOI-4						
d. NAME OF HOSPITAL OR INS VETERANS ADMINIST			d. STREET ADDRESS	e. IS RESIDENCE ON A FARMI YES NO X						
3. NAME OF DECEASED (Type or print)	First MICHAEL	Middle HA	Lest RTMANOWSKT	4. DATE Month OF DEATH January	Dey Yeer 12 19 62					
5. SEX 6. COLO		ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeers IF						
MALE WHI	TE WIDOW		9/15/97		Months Days Hours Min.					
10e. USUAL OCCUPATION (Give I done during most of working life, e		CIND OF BUSINESS OR INDUST		unty & Stele, or foreign country)	12. CITIZEN OF WHAT COUNTRY					
BARBER		RBER SHOP	BALTIMORE	MARYLAND	U. S. A.					
13. FATHER'S NAME			14. MOTHER'S MAIDE							
GEORGE E. HAF	RIMANOWSKI		ANNA HOFFN	IAN						
15. WAS DECEASED EVER IN U.S. (Yes no or unkown) (If resignate	rordetes of service) 2	218-22-5464 VAI	C.L.J	inical Records" 18, MdFt.Howar						
18. CAUSE OF DEATH [Ent			MENTALTINA T		ONSET RECENT					
	CAUSE (e)	ONCHOPNEUMONIA			UNKNOW					
X O K	DOE TO	ENOCARCINOMA R		GENERALIZED						
Conditions, if eny, which	UNKNOWN									
gave rise to immediate cause (e), stating the underlying	UNKNOWN									
causa lest.	UNKNOWI									
PART II. OTHER SIGNIFICATION 208. ACCIDENT WAS UNDERLE OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	NT CONDITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	NINAL DISEASE CONDITION GIVEN	I IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES X NO					
	OF DEATH	SCRIBE HOW INJURY OCCURE	D. (Enter neture of injury li	n Pert I or Pert II of item 18.)						
20c. TIME OF INJURY Mon	20c. TIME OF INJURY Month, Day, Year Hour e.m. p.m. 19 20d. INJURY OCCURRED While Not While et work at wore work at									
21. I certify that * (t	21. I certify that (this hospital) attended the deceased from December 15, 1961, to January 12, 1962, that (1) (we) la									
	saw the deceased alive on January 12 1962, and that death occurred at 7:30, from the causes and on the date stated above									
22e. SIGNATURE	9 1	0	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS. PC	1/12/62 SIGNE					
22c. PHYSICIAN'S NAME (Type)	MAS CRAHAM		22d. ADDRESS	. 18,Md.Ft.Howar	d Div					
23a. BURIAL, CREMATION, 23b. REMOVAL (Saecify) Burial Jar	DATE THEREOF	Oaklawn Ceme		Baltimore, Ma						
24 FUNERAL DIRECTOR'S SIGNAT		ADDRESS ve & Wolfe Sts		JAN 1 5 '62 25b. REGISTRAR 25b. REGIS	STRAR'S SIGNATURE					

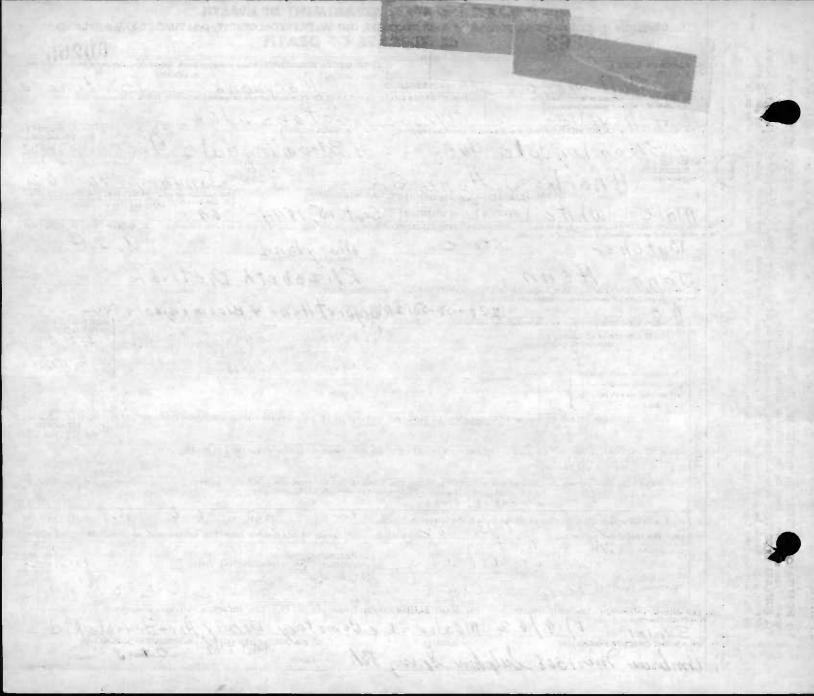
CACAMAN SYND BS 1 COLUMN TROC THE RESERVE AND THE PROPERTY OF THE PARTY OF LARGER SHOW AND THE TEST PARTIES U. S. A. DUNIONAL . EDECED Missis-plat was related to Mi. Pa. Horman Division THE WILLIAM ST. M. M. P. Howell Live MAHARO GALLER hursel the 15, 1962 Onlines Casesery Sellines, Mary and

VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

VE.	. PLACE OF DEATH		1 2 HOHEL PROTERICE (WA	ere deceesed lived, If institution: R	esidence before edmission)
/ [o. COUNTY		e. STATE	b. COUNTY	bolote bolote bolinission)
	Baltimory.	MARYLAND	Maryla	12	altimace
	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporete limits, write RURAL and	give nearest lown)
	write RURAL and give nearest town)	(h)	V1.+	-1/10	
	Cotonsville	111415,	X GOTONSY	1112	
	J. NAME OF HOSPITAL OR INSTITUTION (if no	of in hospital, give street eddress)	d. STREET ADDRESS	2	IS RESIDENCE ON A FARM?
	4 Bloomingdail	P. 410.	4 B100ming	dale HUP	YES NO NO
13	3. NAME OF First	Middle	Last 4. DA	TE Month	Day Year
1	DECEASED /		OF		Day reer
	(Type or print) / harles	1. Henn Sr	DE	ATH January	16 1962
	5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 1 8	DATE OF BIRTH	9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS.
	nn 1. 1.15 f.		- 4 15 16216	2 44	Deys Hours Min.
	1.010	DIVORCED S	Cp1-10, 1894	67 yrs.	
	loa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & Sta	te, or foreign country) 12. CITI	ZEN OF WHAT COUNTRY?
	72 1 1	Stort.	manifered	11	5.4
1	13 If there is name	V	14. MOTHER'S MAIDEN NAME		, ,
	- 1 1/2		-1-	1 2 4 -	
	John Henn		KIIZZBETA	DIETRICK	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES		INFORMANT	Address	
	(Yes, no, or unkown) (If yes give war or detes of servi	b 2 4 - 17 - 5012 M	then it	giornin Jala	13 1
=	18. CAUSE OF DEATH [Enter only one cau	720-01-0014116	orgores itenat	Bloom injulie	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ise per line for (e), (b), end (c).]	Oronary Em	balling	ONSET AND DEATH
	IMMEDIATE CAUSE (e)		Gronery 6mi	00/13/27	4 minute
	4) 0 DUE TO		0 . ///-		2
			wordnatu All	6110	0. 48015
	Conditions, if eny, which (b)		7		/
	(e), stating the underlying DUE TO				
	cause last.				77 - 7-5 12
1	Z PART II. OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY
19					PERFORMED?
- 3	PART II. OTHER SIGNIFICANT CONDITION				YES NO
1	200. ACCIDENT WAS UNDERLYING 20	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Pert I or	Pert II of item 18.)	
1	OR CONTRIBUTING CAUSE OF DEATH				
1	20c. TIME OF INJURY Month, Day, Year	1 20d. INJURY OCCURRED 1 20e. PLA	CE OF INJURY (Home, ferm, : 20f.	(City or town) (Cour	ity) (State)
1	Hour e.m.	WhileNot While fect	ory, street, office bldg., etc.)		
1	Hour e.m. ₹ p.m. 19	et work et work			
	21. I certify that (J) (this hospital)	attended the deceased from.	12.18 1950	10	thet (I) (we) last
	saw the decease alive on	1.15	death occured at A.M.		
	and the second	and mar	death occurred arx	nom me caasas and on m	22b. DATE
	220. SIGNATURE	111/10	ATTENDING MED.	STAFF	, SIGNED
	(20140 0	Will all	.D. PHYS. DIRECTO	R PHYS.	1.16.62
	22c. PHYSICIAN'S	- 11-	22d. ADDRESS	2/2 1/4 (1x 2)	a MA
	NAME (Type) TRIOTER A	- URBAN	009 21	egencie ure 2	8 14 9
-	230. BURIAL, CREMATION, 236. DATE THEREO	F 23c, NAME OF CEMETERY	OR CREMATORY 23d.	LOCATION (City, town or county) (State)
1	REMOVAL (Specify)	n man l	1 . 4	A T	(31010)
	Buriol 1/19/6	~ Illeddowridge	e cemetery Di	rsey HAMAHAM	ale NId.
1	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY	EGISTRAR 256. REGISTRAR'S S	IGNATURE
1	the land free 1000	Seela land Incident	RI. DATE	arthur .	8 true
14	murice me 1328 x	rupeur spring	E4.		



VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

		2 1 Ku U 3						111				
	CE OF DEATH				2. USUAL RESIDENC	CE (Where decee			ence before	edmission		
_	altimor	9		MARYLAND	a. STATE Maryla	nd	b. COUNT	· -		/		
b. CI	TY OR TOWN (i	f outside corporete limit	ts,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II		e limits, write	RURAL end giv	ve neerest to	own)		
		give neerest town)		0 3	2.101 4							
	AME OF HOSPIT		f not in hos	pitel, give street eddress)	Baltimore d. STREET ADDRESS	e 29		200	l e. IS	RESIDENC		
				, g					_	N A FARM		
Vete	rans Ad	ministratio	n Hos	pital		en Avenu			YES			
DEC	ME OF EASED	First		Middle	Lest	4. DATE OF	Month	De	ey Ye	100		
(Туре	e or print)	ALLIIW	M	E	HOLMES	DEATH J	anuary	11	19	962		
5. SEX		6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH		GE (In years	IF UNDER 1 YEA		ER 24 HRS.		
MA	TAE	WHITE	WIDOWE	D DIVORCED T	April 23, 192		yrs.	Months Deys	s Hours	Min.		
10e. US	SUAL OCCUPATI	ION (Give kind of work	1Db. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Count	ly & Stete, or for	ign country)	12. CITIZEN	OF WHAT	COUNTR		
	uring most of wo	rking life, even if retire		umber Yard	Baltimore	Marvle	nd	II. S	. A.			
	THER'S NAME	DOTET	1	winer Torre	14. MOTHER'S MAIDEN I		and the	0. 0	4 21.0			
		HOTHER										
		• HOLMES ER IN U.S. ARMED FOR	C5C2 14	SOCIAL SECURITY NO. 17.	WINIFRED M	. SWIFT	Address					
		fyesgive wer or detes of se			inical Record	s.VAH. E		re 18.	Maryl	and		
YES		WWII	12	10-12-4074		oward Di						
1B.			ceuse per l	ine for (e), (b), and (c).]					INTERVAL B			
18		H WAS CAUSED BY: IMMEDIATE CAUSE (e)				RECEI	YT					
	581 A DUE TO											
Cor	Conditions, if eny, which (b) PORTAL CIRRHOSIS LIVER									UNKNOWN		
geve rise to immediate cause												
	(e), seeing the underlying											
_		SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	IAL DISEASE CO	NDITION GIVE	N IN PART 1(e)	11 19. WAS	AUTOPSY		
CERTIFICATION OB	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(FORMED?		
OR (IF I	2De. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
₹ 200	c. TIME OF INJU	RY Month, Dey, Ye	ar 2Dd.		ACE OF INJURY (Home, farm		town)	(County)		(Stete)		
WEDICAL 200	Hour e.m.		While	Part of thilling	ctory, street, office bldg., etc.)						
	p.m.	19	et wor		Tanname O	-60 To	water war	11 .62	. 37.	() !		
				ded the deceased from								
sav		sed alive on Jam	lary	19.4, and tha	at death occured a3.		ne causes a	and on the				
228	. SIGNATURE	TU	1	50/	ATTENDINGPM	AED.	STAFF	7/7		2b. DATE SIGNE		
		roment	< 0	ration	М.Б.	IRECTOR	PHYS.	7/7	12/62			
22c	. PHYSICIAN'S NAME (Type)		16		22d. ADDRESS							
		F. CRAHAN	1		VAH BALTO L	8, MARYLA	ND, FT.	HOWARD,	MARYI	AND		
	JRIAL, CREMATI	ON, 23b. DATE THE	REOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATI	ON (City, tow	n or county)		(State)		
REAL	SURTAL SUCCEPY	1-15	62	BALTIMORE NAT	IONAL	BALTI	10RE 28	, MARYI	LAND			
24 FUN	ERAL DIRECTOR	S SIGNATURE MILE	lev	ADDRESS	25e. REC	D BY REGISTRA						
EOR				rick Ave, Balt	O. Md. DATE M	N 1 5 160						
7-4		1040		,	J SECTION OF	10 02	<u> a</u>	they 1. 1	LANCE			

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DIVISION OF STATISTICAL RESEARCH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside_corporete_limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 write RURAL and give neerest tow SIAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) e. IS RESIDENCE ON A FARM? YES NO letely NAME OF Middle DECEASED OF compl (Type or print) DEATH 19 6000 5. SEX 8. DATE OF BIRTH ACE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED lest birthdey) and Months Days Hours WIDOWED yrs. please rem USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY State, or foreign country) during most of working life, even if retired Lumber (Business) 4. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .⊆ and atten 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16. SOCIAL SECURITY NO. oval, (Yes, no, or unkown) | (If yes give we ror detes of sarvice) 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) | 19. WAS AUTOPSY PERFORMED? 35 NO P 2De. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW NIJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) E. OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, ! 2Df. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Year factory, street, office bldg., etc.) : . While Not While Hour e.m. et work et work 03 1966. and that death occured at A.T.M. from the causes and on the date stated above. saw the deceased alive on.... 22e. SIGNATURE DATE ATTENDING SIGNED DIRECTOR PHYS. PHYS. HOSPITAL leath. Page 4 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF CEMETERY OR CREMATOR 23c. NAME OF (City, town or county) REMOVAL_(Specify) à d 0 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 JAN 2 9 '62

MARYLAND STATE DEPARTMENT OF HEALTH

the state of The Paris A. 14 B. 2 14 2 (28 J. 4: 14 (on 482 (33) Charles 7 Johnson July Elmone Mede House -Part 475 Limber Brown (Peters) adam Horn Nathania 2. and over Loudy Horis Johnson un relieve and the state of the part of the wat 1-86-62 net Carmed Cally The to the second of the second of THE PARTY OF THE P

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Maryland MARYLAND Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give negrest tawn) Randallstown Randallstown d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 7919 Liberty Road 7919 Liberty Road YES NO NAME OF Middle 4. DATE Lost Month Year DECEASED January Houff, Sr. DEATH 18. 1962 (Type or print) Julius IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years ay birthday) October 16, 1887 Months Days Hours White DIVORCED | Male WIDOWED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign cauntry) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Lumber Dealer Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Artha Elizabeth Stump Gustav Houff 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Helen M. Houff -7919 Liberty Rd. None 1B. CAUSE OF DEATH [Enter only one couse per line-for (a), (b), and (c).] INTERVAL BETWEEN Houston Hours Designe AND DEATH ONSET PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which gave rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City ar tawn) Doy, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) o. m While Not while at wark ot wark 196 - that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased frame 1962 and that death occurred at saw the deceased alive an IM, from the causes and on the date stated above. 22a, SIGNATURE 22b. DATE SIGNED MED. M.D. PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type

23c. NAME OF CEMETERY OR CREMATORY

Lorraine Cemetery

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2Sa. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE and of Manual (Stote)

23d. LOCATION (City, town, or county)

Baltimore, Maryland

24. FUNERAL DIRECTOR'S ADDRESS 600 Liberty Hghts. Avenue DATE JAN 2 4 '62

23b. DATE THEREOF

23a. BURIAL, CREMATION,

Burial

REMOVAL (Specify)

Note that the second of the se Ballianie, Medice College V. J. Hart Hand Ades - Theory As methal and Market St. Market

FOR STATE HEALTH DEPT.

for me.

TO DEPUTY MEDICAL EX NER: This certificate should be executed within 24 hours after death. If any delay is nece execute the certifies, and the word "pending" in pending them 18. Give Pages 1, 2, and 3 to the funeral dir 4 should be for close to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to buriol, cremation, or removal, and in any event within 22 hours after death.

Q 0 7 Q VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1	1	00272 MI	tem 7	Film G305	'S CERTIFI	CATE O	F DEATH	Reg. Dist. N	10. 1111269
	PLACE OF DEATH	BALTO		MARYLAN	O STATE	ENCE (Where dece	b. COUNT	-0	efore odmission)
Ŀ	ond give negrest fow CULAL	outside corporate fimits, write Builts	e RURAL	c. LENGTH OF STAY IN 1	Boll		orporate limits, write	RURAL ond give	
	I. NAME OF HOSPI	TAL OR INSTITUTION	If not in hosp	oital, give street oddress)	1 8300	Pules	hi Hi u	sery.	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	(HORA	ce)	Pobert	Hudson	4. DATE OF DEATE	Mont		,
5. 9	male	6. COLDRER RACE	7. MARRIE		8. DATE OF BIRTH	899	9. AGE fin foors lost b (rihoby) yrs.	IF UNDER TYEA Months Doys	R IF UNDER 24 HRS. Hours Min.
H	luring most of worki [andyman	ON (Give kind of work ng life, even if retired)	done 10b. Ki	IND OF BUSINESS OR INDI	Logan,	E (Stole or foreign	country)		U.S.A.
15.		Hudson /ER IN U. S. ARMED FO		OCIAL SECURITY NO. 17	14. MOTHER'S MARIE ROSA. INFORMANT	Stella T	hatcher Address		
	NO 18. CAUSE OF DEA	ATH [Enter only one con. TH WAS CAUSED BY:	121	0	Own Re			INT	ERVAL SETWEEN SET AND DEATH
	415 Conditions, if a	DUE TO	12	udence for	ihem	ine.		40	homei?
	(o), stoting the couse lost.	underlying DUE TO	P	Recomate	. Curde	vose	- C-13-	siens le	udet?
CERTIFICATION				NTRIBUTING TO DEATH BU				VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO NO
	200. EXTERNAL CA PRIMARY Or CO CAUSE OF DEATH.	USE WAS DEFINITION OF THE PROPERTY OF THE PROP	b. DESCRIBE	HOW INJURY OCCURRED	. (Enter noture of injury	y in Part I or Port	fl of item 18.)		
MEDICAL	20c, TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Ye	or 20d. It While of wor	Not while _	LACE OF INJURY (Honoctory, street, office bloom	ne, form, 20f. (Cidg., etc.)	ity or town)	(County)	(Stote)
		resulted from		emoins described of ouses . Acciden	-		Inspection	Inquiry &	
	ACTUAL SIGNATURE	John	(. H	exce	M.D.	ICAL EXAMINER [Mr 3	DATE SIGNED
220	EXAMINER'S NAME (Type) BURIAL, CREMATIC	DN. 126. DATE THERE	N C	22c. NAME OF CEMETERY	DEPUTY ME	DICAL EXAMINER	ATION (Cily, 10w).	or county)	(Stote)
23.	REMOVAL (Specify Burial	1-8-62	0:600	Hazlehusst,			lehurst,		
E	ELLSWOF	TH ARMA	COST	4600 Libert		A LEAD	100	ring L. The	

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00270

	PLACE OF DEATH O. COUNTY			CE (Where deceased lived, If in		ence before edmission)
	Baltimore	MARYLAND	a. STATE Mary	land b. count	Υ	
	b. CITY OR TOWN (if outside corporata limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	t outsida corporala limils, wrile	RURAL end give	e naarast town)
	writa RURAL and give nearest town) Catons Ville	45yrlOmth3dys	Baltimore		21/	11-4
/	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pital, give straat eddrass)	d. STREET ADDRESS		X	. IS RESIDENCE
	SPRING GROVE STATE HOS	PITAL	3017 Wes	st North Avenue	2	YES NO
	3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Da	y Year
	(Type or print) Hiram	W. Hug	ghlett	DEATH Jan ua	rv	5 19 62
7	5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED X B.	DATE OF BIRTH	9. AGE (In years		
	male white widows		Oct., 1884	last birthday) 77 yrs.	Months Days	Hours Min.
	10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (Coun	ty & State, or foraign country)	12. CITIZEN	OF WHAT COUNTRY?
	factory		Virginia	a.	U.	S. A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		-
	Hartwell Hughlett		Eli	zabeth ?		
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yas, no, or unkown) (Ifyasgivewarordatesofsarvice)	SOCIAL SECURITY NO. 17. 11	NFORMANT	Address		
	unknown	Unknown Re	cords: SPR	ING GROVE STA	TE HO	SPITAL
	1B. CAUSE OF DEATH Enter only one cause par	ina lor (a), (b), and (c).]				NTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	erminal pneumon	ia			2 days
	DUE TO					L vays
	6 10 10 11	Congestive hear	t failum			
	gava rise to immadiata causa	70116600110 18821	o retrate			weeks
	(e), stating the undarlying DUE TO	and and an all and a	. 1			
3		rterioscleroti				years
	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	N IN PART 1(a)	PERFORMED?
-	[V]					YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	CRIBE HOW INJURY OCCURED.	(Enter nature of injury in !	Part I or Part II of itam 18.)		Profile and
		INJURY OCCURRED 20a, PLA	CE OF INJURY (Homa, tarm	1, 20f. (City or town)	(County)	(State)
	20c. TIME OF INJURY Month, Day, Year 20d. While Hour e.m. 19 at wor		ory, straat, offica bldg., atc.		(County)	(Siale)
	p.m. 19 at wor	k at work			, ,	
	21. 1 certify that (IX (this hospital) atten	ded the deceased from	March 2	19.36, to Jan.	5, 19.62,	that (I) (we) last
	saw the deceased alive onJan5	1962, and that	death occured at	M, from the causes a	nd on the	
	22a. SIGNATURE	-0 10	DILLY C	MED. STAFF	1-5-6	22b. DATE SIGNED
	22c. PHYSICIAN'S	190, H.D. M.	224 ADDRESS			
	HATTE (Typa) TOSE R. ARTZ	AGA, H.D.				HOSPITAL
	23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify)	23c. NAME OF CEMETERY C	OR CREMATORY	Catonsville 26		(Stata)
	BURTAT 1-9-62	Meadowridge	Cemetery	Elkridge, Mary	land	
1	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 256, REG	ISTRAR'S SIGN	
10	Wm.Cook, Inc., 1217 St.Pa	ar ptreer	DATE JA	IN 8 '62 Ch	Thur S. Th	and a

t a But 1925, Fig. 1. Card of the domesting of the first of the second of th

FOR STATE HEALTH DEPT.

TO DEPUTY MY CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director is a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designaled agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10275 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 111979

	23.40
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)
Baltimore MARYLANI	Maryland Baltimore
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1	
write RURAL and give neerest town) Dundalk (22) 6 years	Dundalk (22)
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street eddress)	d. STREET ADDRESS a. IS RESIDENCE
235 River View Avenue	235 River View Avenue YES NO TO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) ETTA MAE I	NGALLS January 23rd, 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8, DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
female white widowed DIVORCED	Feb. 11, 1883 78 yrs. Months Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
Housewife	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Christopher Watkins	Emma (Unknown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17	. INFORMANT Address
(Yas, no, or unkown) (Ifyesgivawarordatesofservice)	harles H.N. Ingalls same as #2
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	I INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: H+ DERTENS	IVE + A-S-C-V- ENSET, AND DEATH
DUE TO	
1) is a t	Ke II
gave rise to immediate cause	
(a), stating the underlying DUE TO	
cause last. (c)	NOT BUILDING THE TOTAL OF THE T
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED?
5	YES NO X
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	. (Inlar nature of Impury in Pert I or Part II of Item 18.)
3 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. While Not While et work 19 et work 19	actory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above,	held an Autopsy , Inspection , Inquiry and in my opinion
death resulted from: Natural causes 1 Accident , Accident	sicide . Homicide . Undetermined manner
man &	CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
examiner's Melvin B. Davis, M.D.	Dundalk 22 Mary Land 1/25/62
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 22d. LOCATION (City, town, or country) (State)
Burial 1/27/62 Cedar Grov	e Cemetery Cedar Grove, Maryland
23. FUNERAL DIRECTOR ADDRESS	248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Walter Brooks Bradley, Inc., Dundal	k 22, Md DATE JAN 26'62 O Hand & K.

是一点UISACCTE Wilter Grodie Erweies, Lio., Lindelik 22, Mahai Landon Station

VS A15 (4) 15M 10/57

MARYLAND	STATE	DEPARTMENT	OF HEALTH-B	ALTIMORE,	18

	00274	CERTIFICA	ATE OF DEAT	H	Reg	. Dist. Nd.)	271
1. PLACE OF DEATH	altimore	MARYLAND	2. USUAL RESIDENCE (Vo. STATE Mar			altimo	
RURAL and give ne	foutside corporate limits, write arest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	_	mits, write RURAL o	and give nearest	town)
Fort Ho		22 yrs	d. STREET ADDRESS	ward		0.15	RESIDENCE
Res Box	AL (If not in hospitol, give street 66. Chestnut	Avenue I	ox 66 Che	antif Are	ກາເອ	C	N A FARM?
3. NAME OF	First	Middle	last	4. DATE			
DECEASED (Type or print)	Eva	950c mt 4	lbbons-Jam	OF	Jan.	20 Day	19 622
5. SEX	6. COLOR OR RACE 7. MARE	NED NEVER MARRIED	8. DATE OF BIRTH	9. AC		IDER 1 YEAR IF L	
Female	White widow	ED XX DIVORCED	April 20,	1882 7	9 yrs. Mont	ths Days Ho	ours Min.
during most of work	ON (Give kind of work done 10b. ing life, even if retired) Se	If Employed	STRY 11. BIRTHPLACE (Sto			U.S.A.	HAT COUNTRY?
13. FATHER'S NAME	_		14. MOTHER'S MAIDEN	NAME			
	Joseph Gephar	dt.	Eva	???			
15. WAS DECEASED EVER	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	NFORMANT		Address		
No	NO 21	.9-32-0496A	Charles Jai	mes Jr.	2525 Mc	Comas	Ave . 22
ZOg. ACCIDENT WA	DUE TO CO CER SIGNIFICANT CONDITIONS OF SUNDERLYING 206. DES	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	island	NDITION GIVEN IN	PART 1(a) 19. W	YAS AUTOPSY ERFORMED?
	MEDICAL EXAMINER)						
20c. TIME OF INJURY Hour a. m. p. m.	Y Month, Day, Year 20d. II 19 While at wor	Not while fac	ACE OF INJURY (Home, fo ctory, street, office bldg., e	rm, 20f. (City or tar	wn)	(County)	(Stote)
21. I certify the alive an	at 1 attended the deceas	ed from June D. and that death June Tylly	. 1, 19 62, to occurred at. 7 6 M.D. \$20 (DSOR	M, from the	causes and o		the deceased tated abave. DATE SIGNED
22a. BURIAL, CREMATIO REMOVAL (Specify)	N. 226. DATE THEREOF 1-24-1962	Oak Lawn	R CREMATORY		City, town, or coun		(State)
23. FUNERAL DIRECTOR"	SSIGNATURE	ADDRESS	24a. RE	C'D BY REGISTRAR	24b. REGISTRAR'S	SIGNATURE	
JOHN J. DU	JDA 7922 Wise	Ave: 22. M	DATE:	N 2 4 '62	n.thun	8. Kraus	

27 BROWNING HATHATH BO TARMING STATZ GRADYRAM THE RESERVE THE PROPERTY OF THE PARTY OF THE THE REPORT OF THE PARTY OF THE

VS. A15ME(S) 5M 9/55 I

MARYLAND S	TATE	DEPARTMEN	NT OF	HEALTH-	-BALTIMORE	, 18
DADA MEDICAL	EX	AMINER'S	CERT	IFICATE	OF DEATH	

trog . District the transfer of the transfer o	Reg. Dist.	Nd. 11	273	
--	------------	--------	-----	--

	Reg. Dist. No. 1 17
1. PLACE OF DEATH	2. USUAL RESIDENCE (Vyhere deceased lived. If institution: Residence before admission)
a. COUNTY Ballembre MARYLAND	a. STATE DE B. COUNTY B
b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fawn)
and give petrest town)	X Back Rivier
d. NAME OF HOSPITAL OR INSTITUTION (If not in hespital, give street address)	d. STREET ADDRESS / O. IS RESIDENCE
900 Heyde Park Rd.	900 Ayde Parkel ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) ALDUCT LEE JOH	NSON DEATH 1- 13 - 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years lost birthday) 1 FUNDER 14 HRS.
WIDOWED DIVORCED	Sept. 17. 1961 yrs. Annths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	RY 11. BIRTHPLACE (State arrangin country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDENNAME SEATURE Chilis
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes, no, or unknown) Iff yes, give war or defler of service)	NFORMANT Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I, DEATH WAS CAUSED BY:	n
IMMEDIATE CAUSE (a)	(Neumon IT) dig
Q O DUE TO	
Candifians, if any, which again rise to immediate cause	
(a), stating the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (E. CAUSE OF DEATH.	inter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAI facts of work of w	CE OF INJURY (Home, farm, ary, street, affice bldg., etc.) 20f. (City ar tawn) (Caunty) (State)
21. I certify that I took charge of the remains described abo	ve, held an Autapsy . Inspection Inquiry and find that
	cide, Hamicide, Undetermined cause
ACTUAL SIGNATURE Jack Collins	_M.D. CHIEF MEDICAL EXAMINER [
EXAMINER'S TACKE COLLING	ASSISTANT MEDICAL EXAMINER 1-13-6 \ DEPUTY MEDICAL EXAMINER
220. BURIAL CREMATION, 226, DATE THEREOF 22c, NAME OF CEMETERY OR SUBJECT 1-17-6 2, MI	GREMATORY 22d. LOCATION (City, toward county) (Sigle)
23. FUNERAL DIRECTOR'S SIGNATURE WILLOW STANDS	24a, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE DATE JAN 1 8 62
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, Il Institution: Residence before admission) Baltimore b. COUNTY " Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) 16 Baltimore filled in Pages I Fort Howard 15 Days d. STREET ADDRESS IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? Veterans Administration Hospital 2324 North Longwood Street YES NO X completely 3. NAME OF vithin 72.h DATE DECEASED OF (Typa or print) **AIPHONSUS** S. JOHNSON DEATH 19 19 6x 62 January 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED Page 1 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) and Months Hours Car October 9,1913 Male Negro WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10 KIND OF BUSINESS OF INDUSTRY 11. BIRTHPLACE (County & Siete, or foreign country)
U.S. GOVT. CIVILSETV.
Gen. Service Adm. Bowle, Maryland 12. CITIZEN OF WHAT COUNTRY? remove Bowie, Maryland U. S. A. Supervisor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Johnson Mary Prout 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT affen Clinical Records, VAH, (Yas, no, or unkown) | (If yas give wer or datas of service) Baltimore 18, Maryland Howard Division physician. 217-07-6444 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN RECENT DEATH signed by MYOCARDIAL INFARCTION PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit XXXXX PULMONARY INFARCTION RECENT attending gas been sig Conditions, if any, which RHEUMATIC HEART DISEASE UNKNOWN gava rise to immediate causa MURAL THROMBOSIS, LEFT VENTRICLE RECENT XXXXX (a), stating the underlying burial, has CONGESTIVE HEART FAILURE the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate hospital as o PERFORMED? INFARCTS, KIDNEYS AND SPLEEN - RECENT YES X NO F use prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH CTOR: After tild be detached WEDICAL 20d. INJURY OCCURRED I 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Not Whila lactory, straat, offica bldg., atc.) Whila Hour a.m. at work at work to January 19, 19 62, that (we) last 21. I certify that xi) (this hospital) attended the deceased from January 4 å. .1962 ... and that death occured a8:10h, from the causes and on the date stated above. saw the deceased alive on January 19 PIN 22b. DATE 22a. SIGNATURE ATTENDING STAFF 162 PHYS. DIRECTOR PHYS. O HOSPITAL death. Page 4 M.D. 22d. ADDRESS 22c. PHYSICIAN'S CRAHAN, M.D. VAH, BALTIMORE 18 MD., FT. HOWARD DIVISION filed \ 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify) 0.58 Baltimore National Cemetery Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 JUNERAL DIRECTO **ADDRESS** VR A15 (4) PATEJAN 2 2 '62 arthur & Krous Kelson Funeral Home, 1348 Calhoun St. 15M 9/60 Baltimore, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 1111975

	00000							11	11/41
1. PLACE OF DEATH	00210				RESIDENC	E (Where daceese			dence before admission
Baltimor	e		MARYLAND	a. STATE	Maryl	and	b. COUNTY	-	
b. CITY OR TOWN (f outside corporete limits,		c. LENGTH OF STAY IN 16		-	outside corporata	limits, writa R	URAL and gi	ive neerest town)
Fort How	give nearest town)		125 Days	Bal	timor	e 31		2 1/1	1.4
	AL OR INSTITUTION (if	not in hos		d. STREET	ADDRESS			-) /	a. IS RESIDENCE
	Administra					lfe Stre	et.		YES NO X
NAME OF		PTOIL			14. 110				
DECEASED (Type or print)	First	rles	Middle	Johnso	n	4. DATE OF DEATH	Janua		O 19 62
5. SEX	6. COLOR OR RACE 7	. MARRIE	NEVER MARRIED B	DATE OF BIRT	Н		E (In yeers IF		
Male	0-7	WIDOWE		eptember	13 1	896 65	yrs.	Aonths Day	ys Hours Min.
10a. USUAL OCCUPAT	ON (Give kind of work	10b. KI	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPL	ACE (County	y & Stete, or foreig	gn country)	12. CITIZE	N OF WHAT COUNTR'
Laborer	rking life, even if retired)	Pne	oduce-Market	Raltin	ore.	Maryland		U.S	S. A
13. FATHER'S NAME		1 110	Judge-Harket	14. MOTHER				0.0	
Colu	mbus Johnson	1				llyard			
15. WAS DECEASED EV	ER IN U.S. ARMED FORCE		SOCIAL SECURITY NO. 17. ICL 8-03-8829 FC	NFORMANT inical	Record	ds, VAH,	Baltin	ore 1	8, Maryland
Yes	WW I	121	8-03-8829 FC	rt Howa	rd אונע	vision			ALTERIZAT RETUIERAL
	EATH [Enter only one co								INTERVAL BETWEEN
PARI I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	SEPT	ICEMIA						UNKNOWN
610	DUE TO								
Conditions, if any	which (b)	PYEL	ONEPHRITIS						UNKNOWN
geve rise to immedi	DUIL TO								
(a), steting tha u couse last.	(c)	PROS	TATIC HYPERTRO	PHY					UNKNOWN
Z PART II. OTHER			TRIBUTING TO DEATH BUT NO		THE TERMIN	AL DISEASE CON	DITION GIVEN	IN PART 1(e	e) 19. WAS AUTOPSY
RT HEMIPA			EBRAL THROMBOS						YES NO
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURED	. (Enter nature o	f injury in P	ert I or Pert II of it	em 18.)		
			NUMBER OF STREET	OF OF INTERIOR	11	1 00/ /6:1		10	151-1-1
20c. TIME OF INJU	RY Month, Day, Year	While	Not While fact	CE OF INJURY (ory, street, office			own)	(County	(Stete)
- Print		1) -4	ded the deceased from.	Sen 17	1	67 10 18	n 20	1062	that M) (wa) la
			1962, and that						
	ed alive on		, and man	death occur	eo akan	M.M., from the	causes ar	id on the	22b. DATE
22a. SIGNATURE	10.16	16	est. "	D. ATTENDIN			TAFF HYS.	1/20/6	SIGNE
22c. PHYSICIAN'S NAME (Type)	JOHN D. TALI	BERT,	M. D.	VAH,		. 18 Md.	, Ft H	oward	Division
23a, BURIAL, CREMATI REMOVAL (Specify)	ON, 23b. DATE THERE		23c. NAME OF CEMETERY Baltimore Na		Y	Baltimo			(Stete)
Burial			1	OLUMAL	105	1			
24 FUNERAL DIRECTOR	'S SIGNATURE 1000	Brar	tley Avenue		ZSe, REC'	D BY REGISTRAR	Z5b. REGIS	STRAR'S SIG	ENATURE
ELROY O. W	LLSON, Balt:	imore	17, Maryland		DATE JA	N 3 1 '62	Lin	mit 8, 71	Tana

The provide land of the second familia william . Tilli . . . Luring W. at Lital . Friedly an action e service and the service of the ser Jeccuis-ie steem And the second s ALCOHOL MINOR TO THE TAX TO THE T A Dellevit a 1/20/625 and the second of the European (15 and the first the state of the first of the Troth as Alexander II, harriand as an annual manner and the second and the second

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00279 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. Holl 2.76

ь	hace of death b. county Baltir	nore	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore								
	b. CITY OR TOWN III outside corporate fimits, write BURAL c. LENGTH OF STAY IN 1b and give nearest town) Eastpoint				c. CITY OR TOWN (If outside corporole limits, write RURAL and give nearest town) Eastpoint						
d			If not in hosp	pital, give street address)	d. STREET ADDRESS				0.	IS RESIDENCE	
	0	k Street	8033 Bank Street								
-[NAME OF DECEASED (Type or print)	Fir Charle		Middle Elmer	lost Keenan	4. DATE OF DEATH	Month Januar		Day	Year 1962	
5. S	EX	6. COLOR OR RACE	7. MARRIES		DATE OF BIRTH	9	. AGE (In years	IF UNDER 1	YEAR IF	UNDER 24 HRS.	
]	Male	White	WIDOWED	DIVORCED 3	-27-1891	4193	70 yrs.	Months D	Days Ho	ours Min.	
d	luring most of working	ON (Give kind of work of life, even if refired) Private Cha	20	IND OF BUSINESS OR INDUST	Maryland	or foreign cou	intry)		S. A	HAT COUNTRY	
13.	FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME					
	William	m H. Keenar	1		Marianna	Clement	S				
	WAS DECEASED EV	ER IN U. S. ARMED FO Ilf yes, give war or dates of	RCES? 16. S	SOCIAL SECURITY NO. 17. Mr	FORMANT s. Rae Mulli	gan-803	Address Bank	Avenue	-Eas	tpoint	
NOI	Conditions, if o gove rise to immed (o), storing the couse lost.	underlying DUE TO)	INTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	/EN IN PART	P	ERFORMED?	
Distance of the last	YES NO DE NO DE NO DE NO DE NO DESCRIBE HOW NIUR OF CONTRIBUTING CAUSE OF DEATH.										
CERTIFICATION	PRIMARY Or COI	USE WAS NTRIBUTING 20	b. DESCRIBE	HOW MINK O'CCURRED. (E	nter noture of injury in Parl	t I or Part II o	fitem 18.)				
MEDICAL CERTIFICAT	PRIMARY Or COI	NTRIBUTING	or 20d. In While	NJURY OCCURRED 20e. PLAC	nter noture of injury in Part EE OF INJURY (Home, farm rry, street, office bldg., etc.	, 20f. (City o		(Cour	nty)	(Stote)	
	PRIMARY Or COI CAUSE OF DEATH. 20c. TIME OF INJUI Hour o. m. p. m. 21. I certify th	NTRIBUTING RY Month, Day, Yes	20d. IN White of wor	NJURY OCCURRED 20e. PLAN Not white of work emgins described obo	CE OF INJURY (Home, farm ry, street, office bldg., etc.	y , lns	pection [2]	Inquiry	· P. o	(Stote) Ind find that ATE SIGNED	
MEDICAL	PRIMARY Or COI CAUSE OF DEATH. 20c. TIME OF INJUI Hour o. m. p. m. 21. I certify th death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type)	NTRIBUTING RY Month, Day, Year 19 not I took chorge from: Notural	or 20d. In While of the recauses I	NJURY OCCURRED 20e. PLAN factor factor factor work and work seemains described obout Accident , Suite	ce OF INJURY (Home, form bry, street, office bldg., etc. ve, held on Autops cide, Homicide _M.D. CHIEF MEDICAL EX ASSISTANT MEDICAL DEPUTY MEDICAL	y , Ins	pection D	Inquiry	16	nd find tha	
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare daceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY BALTIMORE MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest fown) FORT HOWARD 189 Days Baltimore hours after d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO 3 Veterans Administration Hospital 1907 Castle Street papers. n 72 ho DATE DECEASED (Type or print) DEATH 1962 REGINALD within KELLY January carbon 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthdey) Months July 13, WIDOWED DIVORCED Male 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) гетоме 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Night Clubs Baltimore, Maryland U.S.A. Musician 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Bernard Harris Emma Kelly 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Clinical Records, VA Hospital (Yes, no, or unkown) | (Ifyesgivewarordatesofservice) Baltimore, Md. Ft. Howard Division 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PULMONARY EDEMA WEEKS IMMEDIATE CAUSE (a) burial-transit DUE TO CONGESTIVE HEART FAILURE WEEKS Conditions, if any, which (b) gave rise to immediata cause DUE TO (a), stating the underlying the IRECTOR: After this certificate should be detached for use as the standard be detached for use as the but PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICAT HYPERTENSIVE CARDIOVASCULAR DISEASE. LEFT CEREBRAL VASCULAR ACCIDENT NO F prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) factory, streat, office bldg., etc.) Not While Hour a.m. at work 21. I certify that XI) (this hospital) attended the deceased from 16 July 16, 101, to January 21, 1962, that XI) (we) last 162, and that death occured a ... I Mrom the causes and on the date stated above. saw the deceased alive on January 21 DATE 22a. SIGNATURE SIGNED STAFF MED 1962 PHYS. DIRECTOR PHYS. Jan. 21, TO HOSPITAL
death. Page
TO FUNERAL
director, page
be filed with th 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type LEACOCK, JR., M. D. VAH. BALTO. MD. FT HOWARD DIVESON 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Baltimore National Baltimore 28, Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Elroy O. Wilson Funeral Home, 1000 Brantley Ave DATE JAN 31 '62 aritury S. Thousa

Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH** ON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) e. COUNTY JALTIMORE MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) RURAL and give newfest town) filled HOSPITAL OR INSTITUTION (if not in hospital, give street address) etely papers. NAME OF DECEASED compl (Type or print) DEATH withi carbon 6. COLOR OR RACE 7. MARRIED 9. AGE (In years | IF UNDER 1 YEAR and lest birthdey) Months WIDOWED DIVORCED physician remove USUAL OCCUPATION (Give kind of world 12. CITIZEN OF WHAT COUNTRY? dona during most of working lifa, even if retired) 13. FATHER'S NAME please ding WAS DECEASED EVER IN U.S. ARMED FORCES affen (Yes, no, or unkown) | (Ifyesgive weror detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] physician. 2 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed burial-transit DUE TO Conditions, if eny, which peen geva rise to immediata cause DUE TO (a), steting the underlying has the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY certificate Se 1 rache CSLOBING use 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) 2Da. ACCIDENT WAS UNDERLYING IT for OR CONTRIBUTING [] CAUSE OF DEATH the (IF EITHER, NOTIFY MEDICAL EXAMINER) After 2Dc. TIME OF INJURY 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 1 2Df. (City or town) Month, Dev. Year Whila Not While factory, streat, office bldg., etc.) et work et work CIOR: 13 1962 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. .19. (a) and that death occured at //. 12. M, from the causes and on the date stated above. saw the deceased alive on. 22e. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. M.D. death, Page 4 page with th 22d. ADDRESS 22c. PHYSICIAN'S ector, filed 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) - G Jan 15, 1962 Mt Olivet Cemetery Washington D C. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Gasch's Sons

Hyattsville, Md.

DATE

15M 9/60

e. IS RESIDENCE ON A FARM? YES NOX

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

(County)

arthur & King

NO -

(State)

DATE

SIGNED

22b

(State)

IF UNDER 24 HRS.

County of the state of the stat The state of the s direction data ID, 1302 Mily theory countries and a direction in di-. Mach a state . Myattay III.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (il outsida corporete limits, c. CITY OR TOWN (If outside corporala limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL end give nearest town TONSVILLE SV ON hours after d. NAME OF HOSPITAL OR INSTITUTION (il not in hospitel, give street eddress) e. IS RESIDENCE ON A FARM? SUMMIT YES NO X 3. NAME OF 72 DECEASED DEATH (Typa or print) 19 OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR lest birthdey) Months DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOUSEKERP HOME 13. FATHER'S NAME MARGARET 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or dates of service 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Charle gardiar di latation PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Cardio - vascular deserve Conditions, if any, which geve rise to immadiate cause DUE TO (a), steting the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO M 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) 20e. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm,) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer 201. (City or town) factory, street, office bldg., etc.) While Not While Hour a.m. at work et work 19 40 , 19 , to 1-1-62, 19, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from........ 1961, and that death occured at 1.30M, from the causes and on the date stated above. saw the deceased alive on...... 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. -62 PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Quelan aux CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b.

REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

TO HOSPITAL.

TO HOSPITAL.

Weg to death. Page 4 r

(b) Gilled with the

REMOVAL (Specify)

24 SUNERAL DIRECTOR'S SIGNATURE

filled in Pages

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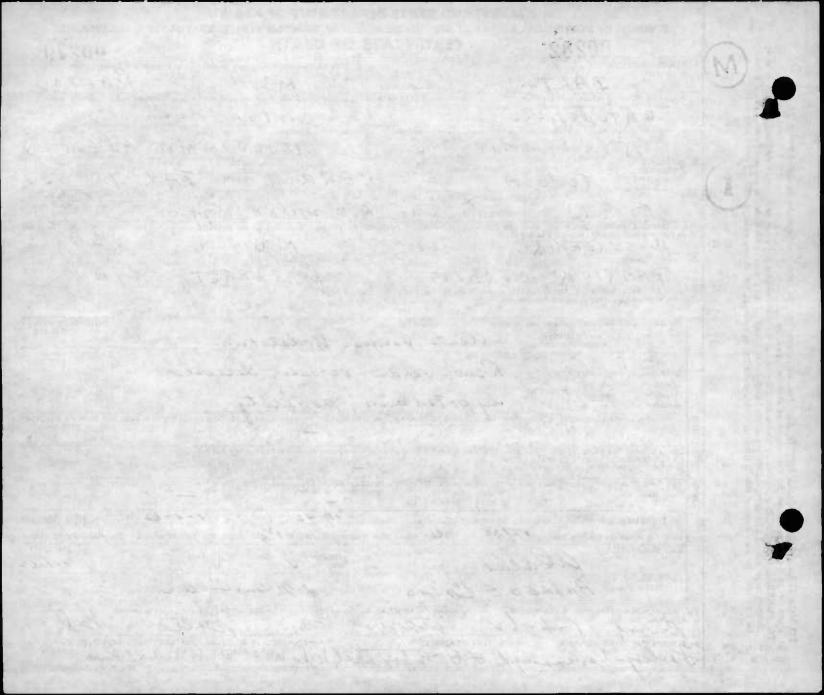
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

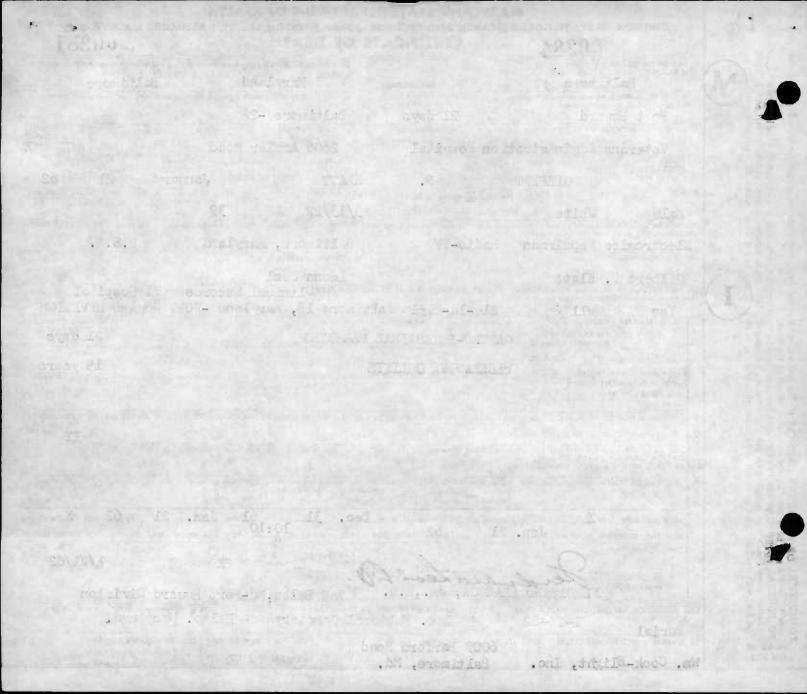
CERTIFICATE OF DEATH

	1	N/ E GR OR DELENI						-	W (5 4 6)	1.51 1.10	0	14	- h - (- de l'oute - l		
1	1. PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY										
Н	Baltimore MARYLAND						Maryland Baltimore									
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)						c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
	Fort Howard 21 days					XBaltimore -22										
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)						d. STREET ADDRESS e. IS RESIDENCE									
U	Veterans Administration Hospital						2606 Ambler Road YES NO X							-		
		NAME OF	First		Middle	-	Last		4. DATE	Mont	h	Day	Yea	r		
		DECEASED (Type or print)	GILBER	RT	P.		KLATT		OF DEATH	Janua	ry	21	19	62		
	5.	SEX	6. COLOR OR RACE	7. MARRIE	D X NEVER MARR	IED B.	DATE OF BIRTH		15	9. AGE (In years	IF UNDER 1	YEAR	IF UNDER	24 HRS.		
		Male	White	WIDOWE			3/13/22			39 yrs.	Months	Days	Hours	Min.		
			ON (Give kind of work		IND OF BUSINESS C	R INDUSTRY	1 11. BIRTHPLACE	(County	y & State, or	r foreign country	12. CIT	ZEN O	WHAT	COUNTRY		
			king lifa, evan if retire	97%	dia mm		Baltimor	MA	Manzel	and	TI	S.A				
-	_		s Repairman	1 Ra	dio-TV					-dim	0.	D.M	•			
	13,	FATHER'S NAME					14. MOTHER'S MA	AIDEN N	IAME							
1		Gilbert P	Klatt				Leona S	Seal	L							
1			R IN U.S. ARMED FOR		SOCIAL SECURITY	NO. 17. II	NFORMANT C1	inic	al Re	cordsddres	VA Ho	spi	tal			
1	(10		yesgive war or dates of s	ervice	11-11-8731		timore 18,					-		ON		
		Yes I IR CAUSE OF D	EATH (Enter only one	T Commander	many many or and the		ermore rol	9 110	aly Lai.	IG -1 01(1	HOMEL		ERVAL BE			
			WAS CAUSED BY:				DI ENDITED					QN.	ONSET AND DEATH			
		17481 11 527111	MMEDIATE CAUSE (a)	GAS.	TRO-INTES	LTINAT	BUEEDING						I ua	5		
н		57	DUE TO										_			
		Conditions, if any, which ULCERATIVE COLITIS								1	15 years					
		gave rise to immediate cause														
		(a), steting the underlying DUE TO														
		cause lest. (c)														
_	0	PART II, OTHER	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEA	TH BUT NO	T RELATED TO THE T	TERMIN	AL DISEASE	CONDITION GI	VEN IN PART	N PART 1(a) 19. WAS AUTOPSY PERFORMED?				
	ΨV											YES TO NO				
	IFIC	2De. ACCIDENT WAS UNDERLYING [] 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.)														
	CERTIFICATION															
	MEDICAL	20c. TIME OF INJU	RY Month, Day, Ye		INJURY OCCURRED		CE OF INJURY (Home			ty or town)	(Cou	nty)		(Stata)		
	EDI	Hour a.m.	10	While at wor		Tacio	ory, street, office bldg	g., erc.)	i							
	2	21. I certify that XI) (this hospital) attended the deceased from Dec. 31, 19.61 to Jan. 21, 19.62, that (X) (we) last														
		21. I certify th	nat Al) (this hospi	tal) atten	ded the deceas	ed from	nec.	""" l	A 10 10	valla	۵۰۰۰۰۰۰, ۱۹.	V.4, 11	nat (14)	(we) last		
		saw the deceas	ed alive on Ja	n. 21	19.02	and that	death occured	arA	W, from	m the causes	and on t	he da	te state	d above.		
		22a. SIGNATURE					ATTENDING		ED.	STAFF			221	DATE SIGNED		
			()_		0	196	PHYS.		RECTOR [X PHYS.		1,	/21/6	2 SIGNED		
		22c. PHYSICIAN'S Level and Learl 1 22d. ADDRESS														
1		NAME (Type) FERDINAND LEACOCK, JR., M.D. VAH Balto, Md-Fort Howard Division														
	220	BUDIAL CREMATIC	ON, 23b. DATE THE		23c. NAME OF			- 10 kg	the same of the sa	CATION (City, to				itate)		
	238	REMOVAL (Specify)	1-24-67		Ro Ito.	Natio	nal Cemete	erv		alto. 1			,-			
		Burial									-					
1	24	FUNERAL DIRECTOR	'S SIGNATURE	60	009 Agris	rd Roa	d 25a	n. REC'	D BY REGIS	STRAR 25b. RE	GISTRAR'S	SIGNAT	TURE			
(i)	W	m. Cook-B1	ight, Inc.	1	Baltimore,			MAUT	2 3 '62	2 Ca	Jun 8 3	The				
3 7					-											

TO HOSPITAL OR, A NDING PHYSICIAN: The law requires that the death certificate be executed within 24 death. Page 4 to be calculated by the hospital or attending physician.

IO FUNERAL 1976CIOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 7 and 2 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

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DING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSPITAL OF A DING PHYSICIAN: The law requires that the death certificate be executed within 2 death. Page 4 to be trained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled it director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 be filed with the State Dept. of Health prior to burial, cremation, or removal, and event, within 72 hours after the state Dept. VR A15 (4)

15M 9/60

funeral

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)									
Baltimore MARYLAND	a. STATE b. COUNTY									
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporala limits, write RURAL and give nearast lown)									
Perry Hall	X Perry Hall (6)									
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?									
4024 Klausmier Rd.	4024 Klausmier Rd.									
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year OF									
(Type or print) William H. Krumho										
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 6	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.									
Nale White WIDOWED DIVORCED	Aug. 28, 1888 73 yrs. 4 Days Hours Min.									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & Steta, or foraign country) 12. CITIZEN OF WHAT COUNTRY?									
Paper Cutter J.E.Smith	Baltimore									
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME									
Henry Krumholtz	Lottie Brown									
	INFORMANT Address									
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	llian E. Krumholtz 4024 Klausmier Rd.									
18. CAUSE OF DEATH [Enter only ona ceusa par line for (a), (b), and (c).]	Perry Hall Balto 6 INTERVAL BETWEEN									
PART I. DEATH WAS CAUSED BY:	I ONSELAND DEATH									
IMMEDIATE CAUSE (a)	IMMEDIATE CAUSE (6) Mille Cluffermia									
DUE TO	DUE TO									
(a), steting the underlying DUE TO	gave risa to immadiate ceuse DUE TO									
causa last. (c)										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20b. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH OF ITE ITHER. NOTIFY MEDICAL EXAMINER!	YES NO X									
208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH	D. (Enter neture of Injury in Part I or Pert II of Item 18.)									
20c. TIME OF INJURY Month, Day, Yaer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) County)										
20c. TIME OF INJURY Month, Day, Yaer 20d. INJURY OCCURRED 20e. PL/ Hour a.m. While Not While fac	A									
21. I certify that (I) (this hospital) attended the deceased from.	13 NOV 1941 to 10 Jan 1962 that (1) (we) last									
	t death occured at 5.05 from the causes and on the date stated above.									
22h DATE										
andle in	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 10. Tom 10 2									
22c. PHYSICIAN'S	A.D. PAYS. DIRECTOR PAYS. 1 JUNE 9									
NAME (Type) A.M. Kenick	1101 ST Pan / Balt 2 Ma.									
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)									
Burial Jan. 13, 1962 Parkwood	Baltimore County									
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE									
11 140 1 1012 (17) 12 01	DATIAN 11 '62 arising S. France									
Tard Now 1913 W. Salta, V.	DAIL COUNTY A, MAME									

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FOR STATE HEALTH DEPT. TO DEPUTY M. CA. CXAMINER: This certificate should be executed within 24 hours after death. If any delay is sectificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direction of should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or remoyal, and in any event within 72 hours after death.

VS. A1SME 5M 7/59

William Cook Inc. Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OCCUPANTIAL EVALUATION OF THE CONTROL OF T

UU286 MEDIC	AL EXAMINER	S CERTIFICA	IE OF DEATH	0.000					
1. PLACE OF DEATH o, COUNTY				nstitution: Residence before edifficion)					
Baltimore	MARYLAND	e. STATE	Id. b. COUNT	Balto.					
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN	(If oulside corporete limits, write	RURAL end give neerest town)					
Reisterstown		X Upperco							
d. NAME OF HOSPITAL OR INSTITUTION (if not i	n hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE					
Hanover Road		Hanover	Road	ON A FARM?					
3. NAME OF First	Middle	Last	4. DATE Month	Dey Yeer					
(Type or print) Vincent	J.	Lam	of DEATH Jan	28, 1962					
	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years)						
26 7 7 7 7 7 1 6			last birthdey)	Months Deys Hours Min.					
	OWED DIVORCED 06. KIND OF BUSINESS OR INDUS	Sept. 13,191							
done during most of working life, even if retired)	DE. KIND OF BUSINESS OK INDUS	IKI II, BIKIMPLACE (SIBI	or foreign country)	12. CHIZEN OF WHAT COUNTRY					
Student		Baltin		USA					
13. FATHER'S NAME		14. MOTHER'S MAIDEN	I NAME						
Scott R. Lam		Mary	Kraushman						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyesgive werendetes of service)		INFORMANT	Address						
No No		Irs. Mary Lam	Upperco,	Md.					
18. CAUSE OF DEATH [Enter only one cause	per line for (e), (b), end (c).]			INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	8 min.								
DUE TO	8174								
	ushed Chest			8 min.					
geve rise to immediate cause	geve rise to immediate cause								
(e), steting the underlying DUE TO									
z cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT BELATED TO THE TERM	INAL DISEASE CONDITION GIVE	N IN PART VALUE OF WAS ALITORSY					
PART II. OTHER SIGNIFICANT CONDITIONS none 20e. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING CAUSE OF DEATH. auto	CONTRIBOTING TO BEATTI BOTT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION ONE	PERFORMED?					
s none				YES NO X					
20e. EXTERNAL CAUSE WAS 20b. D	escribe how injury occured.								
	ran oll road a	ild Struck tre		THE RELEASE OF THE PARTY OF THE					
2	20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, fer ectory, street, office bldg., et	n 1	(County) (Siele)					
3:20 s.m. Jan. 28 19 62	While Not While Han	over Rd.	Reisterstown	Balto., Md.					
21. I certify that I took charge of the	remains described above,	held an Autopsy .	Inspection X, Inquiry	x, and in my opinion					
death resulted from: Natural causes	. Accident x. Su	icide . Homicide	Undetermined ma	nner 🗌					
		CHIEF MEDICAL	EXAMINER						
ACTUAL SIGNATURE 2.2. C	sales	ASSISTANT ME	DATE SIGNED						
SIGNATURE 2 2	7	M.D.	AL EXAMINER TX						
EXAMINER'S D. D. Car	les, M. D.		Reisterstown,	Md. 1-29-62					
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY		22d. LOCATION (City, town,						
REMOVAL (Specify) Burial Jan. 31, 19	62 Glen Haven	Cemetery	A. A. County	Md.					
23. FUNERAL DIRECTOR	ADDRESS	No.	C'D BY REGISTRAR 24b. REGIS						

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RYLAND STATE DEPARTMENT OF HEALTH ON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c, CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 1b writa RURAL and give neerest town TONSVILLE 0 NSV14L Pages INSTITUTION (if not in hospitel, give street eddress) completely papers. 3. NAME OF DECEASED (Type or print) DEATH carbon 9. AGE (In yeers | IF UNDER 1 YEAR last birthdey) and Months WIDOWED 14 10a. USUAL OCCUPATION (Give kind of work physician гетоме 10h. KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) WATCHMAN 13. FATHER'S NAME please attending (Yes, no, or unkown) ! (If yes giva war or dates of service) 18. CAUSE OF DEATH [Enter only one cause ger line for (e), (b), end (c). PART 1. DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (a) DUE TO gove rise to immadiata cause DUE TO (a), steting the underlying couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 0 CERTIFICATION certifical 95 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm,) 20t. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour e.m. et work at work p.m. 21. I certify that (1) (this hospital) tattended the deceased from. 12 19 6 2 and that death occurred at S.M., from the causes and on the date stated above. 22e. SIGNATORE ATTENDING STAFF PHYS. DIRECTOR PHYS. O HOSPITAL death. Page 4 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23e. BURIAL, CREMATION, | 23b. DATE THEREO 23c. NAME OF CEMETERY OR CREMAJORY REMOVAL (Specify) 후 함 250 KEC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATUR

e. IS RESIDENCE

19 IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO 1

(Stete)

22b/ DATE

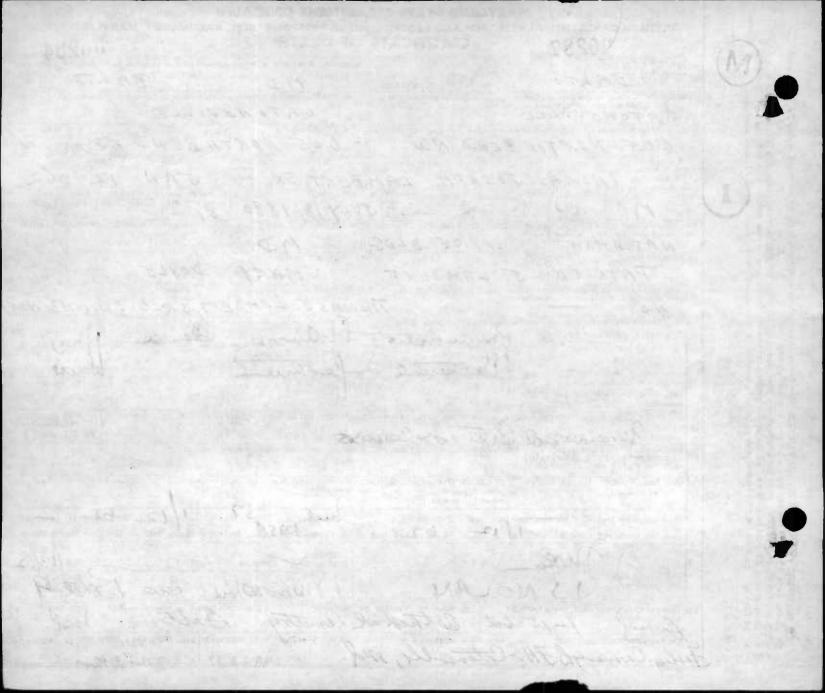
SIGNED

Days

(County)

ON A FARM? YES NO X

VR A15 (4) 15M 9/60



0.00000 Step Firement S.D. WALL TO BE WELLING Sary 4 GEBB The state of the state of the state of Children constitute a Constitute of the constitute of IN SECTION AND REPORT OF STATE OF PARTY OF THE PARTY OF T THE RESERVE OF THE PROPERTY OF THE PARTY OF Marie of Callerin 192 1 ag to de aller THE SERVICE WAS CONTRACTED BY STATE OF THE SERVICE OF THE SERVICE

RYLAND STATE DEPARTMENT OF HEALTH **BALTIMORE 1. MARYLAND** EXAM I tem 14 Film G306 18/62 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) e. COUNTY Health, -TIMOVE MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR 70WN (If outside corporate limits, write RURAL and give nearest lown) 40 write RURAL and give nearest town) for hospital, give street address? e. IS RESIDENCE and 3 to the funeral ON A FARM? retained State YES NO DE death. 4. DATE NAME OF Middle DECEASED OF (Type or print) DEATH 19 with 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 6. COLOR IF UNDER 24 HRS. NEVER MARRIED last_birthdey) Months Days Hours WIDOWED X DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? PM3. Page most of working life, even il reffred) paged 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown 16. SOCIAL SECURITY NO. 17. INFORMANT ARMED FORCES? Address (Yes, no, or unkown) | (If yes give war or dates of service) elong with f in pencil in Item 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office DUE TO burial artering Cirotic G. V. Timase gava rise to immediata cause DUE TO (a), stating the underlying Examiner as cause last. be used PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? writing the word soul. NO X Medical pluods 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING ute the Certment of forwarded to the Chies. CAUSE OF DEATH. more 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Steta) factory, street, office bldg., alc.) While Not While Hour a.m. at work at work mone ease execute the Certificate, should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION, 226. DATE THEREO 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) 0 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE Civina S. Thomas 5M 7/59 DATEIAN 3 0 '62

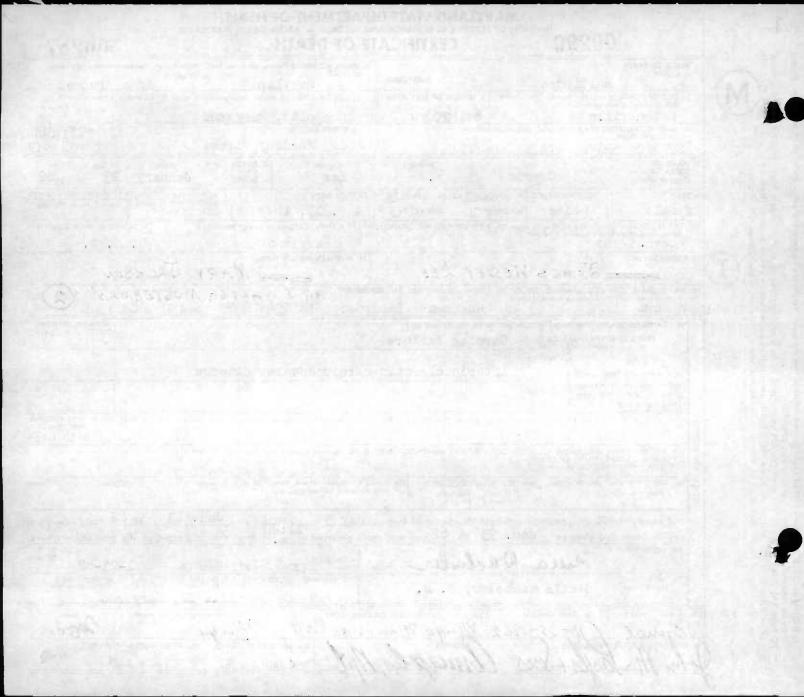
The state of the s

1. PLACE OF DEATH a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE
b. COUNTY b. COUNTY

1		9
h. Page 4	ral director,	N
afte	sho	
death certificate be executed within 24 hours after the Page 4	thending physicion and campletely filled in by the gal director, pleose remove corbon papers. Pages 1 and 2 shard be filed with any event within 72 hours often doth	
death certi	ttending ph	

1	,	. COUNT	Baltimore		MARY	LAND	Marv	land	b. COUNTY		Arunde	1
1)	Ŀ	. CITY OR TOWN RURAL and give	(If autside corporate limi	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (I		rate limits, write		nearest tow	n)
		Catonsv			8mth20dys		Annapolis	Mary.	Land		12.1	0-2
4		OR INSTITUTION	PITAL (If not in hospital, g	give street	oddress)		d. STREET ADDRESS				e. IS RE	SIDENCE A FARM?
1		C1 100 100 100 1 100		E HC	SPITAL		113 Acad	lemy St	reet] NO []
	[IAME OF DECEASED Type or print)	Cari		Middle V •		Lee Lost	4. DATE OF DEATH		uary 2	Day 3	Year 1962
	S. S	EX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRI	ED 🔁 8.	DATE OF BIRTH		9. AGE (In years		EAR IF UND	DER 24 HRS.
	f	emale	white	WIDOW	ED DIVORCE	D	Aug. 17, 1	.873	88 birthdoy)	Manths Do	ys Haurs	Min.
	10a.	USUAL OCCUPAT	ION (Give kind of work orking life, even if retired	dane 10b.	KIND OF BUSINESS C	R INDUSTR	Y 11. BIRTHPLACE (Sto	ate ar fareign c	ountry)	12. CITIZE	N OF WHAT	COUNTRY?
		seamstr	e SS	"			Maryla	nd .		U. S	. A.	
T	13.	ATHER'S NAME	7	11/-	LEY LEE		14. MOTHER'S MAIDEN	NAME	т.			
7		100 minutes	MOAMES	WES.	LET LEE				ARY J			
	(Yes	WAS DECEASED EV no, or unknown) NEW OWN	/ER IN U. S. ARMED FOR (If yes, give war or dotes of s	RCES? 16.	unknown	Reco:	rds: SPRIN	G G ROV	ER MOS	TERMA HOSP	ITAL (2)
133		18. CAUSE OF DI	EATH [Enter anly ane co	ouse per li	ne far (a), (b), and (c).]					INTERVAL B	
		PART I. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE (d	Ca	rdiac fail	ure					ONSET AND	DEATH
		7-1	DUE TO									
		Canditions, if		Ar	terioscler	otic	cardiovascu	lar dis	sease			
		gove rise to cause (o), stating									100	W.T.
		lying couse last		=)								
0	CATION	PART II. O	THER SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TER	RMINAL DISEAS	E CONDITION GI	VEN IN PART 1	PERF	ORMED?
	CERTIFI	20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING DIG CAUSE OF DEATH OF MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter nature of injury	in Part I or Par	t II of item 18.)			
	ICAL	20c. TIME OF INJU			NJURY OCCURRED	20e. PLAC	E OF INJURY (Hame, for	orm, 20f. (City	ar tawn)	(Cau	inty)	(State)
	MEDI	Haur a. m	10	While at wor	Not while	racia	ry, street, artice blag.,	erc.)				
		21. I certify the	at겍) (this haspita ased alive an J	l) attend	ded the deceased	fram	May 3	196] , ta_	Jan. 23	19 62	that (I)	(we) last
		22a. SIGNATURE	fu:							id on me d	2:	2b. DATE
77			Ailla	w	chiler	- M.	D. PHYS.	MED. DIRECTOR	STAFF PHYS.	1-2	23-62	SIGNED
1		22c. PHYSICIAN'S NAME (Type)	Stolla W	looh e	ler, M. D.			PRING		STATE I	HOSPIT	AL
1		(1) (1) (1)	oretta M	aciis,	TOT 9 M. D.	THE	C	atmsvi	lle 28,	Marylar	nd	
	230	BURIAL, CREMATI	w) .		23c. NAME OF CEM			23d, LOCA	TION (City, town,		(Sto	ate)
	24	EUNERAL DIRECTO	11-23-	1762	ADDRESS	reme		C'D BY REGIS	TRAN 25h DEC	ISTRAR'S SIGN	ATLIPE	R
1	T	I. Yh.	taile	10	/ Jana	1.	VI			when & f		
10	115	1111	JUMBUL VI	2	Nowwell !	va)	VICE - DATE	JAN 25'	02	some as	Ahmann.	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before edmission) e. COUNTY cessary, or. Page r files. b. COUNTY Baltimore Marvland MARYLAND more b. CITY OR TOWN (if outside corporete limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give nearest town) Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ò ON A FARM? 7246 Conley Street YES NO Z retained Sparrows Point Hospital 3. NAME OF 4. DATE Lest Month Dev Yeer DECEASED OF the (Type or print) JOSEPH LEMANTOWSKI DEATH 19 62 January with th 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH s1, 2, and 3 age 5 may 1 1 and 2 with 72 hours at last birthdey) Months Deys Hours Male White Feb.1. WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OF INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Give Pages 1, 2, orm PM3. Page 5 File pages 1 and wall him 72 h done during most of working life, even if retired) USA Shipping Longshoreman Marvland 14. MOTHER'S MAIDEN NAME ling" in pencil in Item 18. Give er's Office along with form PA as a burial-transit permit. File pir removal, and in any event w Lemantowski Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes. no. or unkown) | (If yes give wer or detes of service) Mrs.Lillian Lemantowski.7246 Conley INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic Heart Disease. IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) "pending" geva rise to immediate cause ine-certificate, writing the word "pending" rwarded to the Chief Medical Examiner's DIRECTOR: Page 3 should be used as a DUE TO (e), steting the underlying 0 cremation, or cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 PERFORMED? YES NO -20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury In Pert I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, form, ' 20f. (City or town) (County) (State) age to bu 20c. TIME OF INJURY Month, Day, Yeer fectory, street, office bldg., etc.) Not While 0 Hour e.m. While et work et work please execute ine-certificate, v 4 should be forwarded to the DECTOR: P or its designated agent, prior it prior 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection Inquiry and in my opinion MICAL Undetermined manner death resulted from: Natural causes X Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 1/4/62 DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S Petty M.D. Add Charles S. NAME (Type) Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, 36 3/6 3/6 3/6 3/6 3/6 3/6 (State) REMOVAL (Specify) Baltimore, REGISTRAR'S SIGNATURE 2409 0 St. Stanislaus Maryland Burial 24a. REC'D BY REGISTRAR | 24b. 23. FUNERAL DIRECTOR M.F.SADOWSKI & SONS, 1808 EASTERN AVE Unllung & Thomas DATHAN 8 VS. A15ME 5M 9/60

AND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301.W. PRESTON STREET, BALTIMORE 1, MARYLAND 011289 CERTIFICATE OF DEATH 00000

00200				
1. PLACE OF DEATH		2. USUAL RESIDENCE	CE (Where deceased lived, If i	institution: Residence before admission)
Baltimore	MARYLAND	a. STATE Maryl	and b. coun	Queen Anne's
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (I	f outsida corporete limits, write	RURAL end give neerest town)
write RURAL end give nearest town) Fort Howard	3h days	Graso	nville	17x-2.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos		d. STREET ADDRESS	ANA STOREG	e. IS RESIDENCE
				ON A FARM?
Veterans Administration			ster River Dri	
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Dey Year
(Typa or print) James	H.	Letts	DEATH Janua	arv 7 1962
5. SEX 6. COLOR OR RACE 7. MARRIE		DATE OF BIRTH	9. AGE (In years	
		Someh OO TOO	last birthday) 56 yrs.	Months Deys Hours Min.
Trade Will be	IND OF BUSINESS OR INDUSTR	March 20, 190	1	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		1 41. BIKINPLACE (Coun	ry & State, or foreign country)	12. CHIZER OF WHAT COOKING
	wn, Cork & Seal	Baltimor	e, Md.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Walter Letts		Anna Ba		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unkown) (Ifyesgivawarordetes of service)	SOCIAL SECURITY NO. 17. 1	NFORMANT Clini	cal Records dress	VAH, Baltimore,
Yes WW II	216-01-7053 M		Howard Divis	
IB. CAUSE OF DEATH [Enter only one cause per		ASE, AORTIC		INTERVAL BETWEEN
		MORITO A	THE THEOMORPHEN	TED UNKNOWN
IMMEDIATE CAUSE (*) THOUT	FICIENCY, CHRO	HIC, KHEUMAT	IC, DECOMPENSA	UNKERNIN
TIU A PUE TO		A DE TOTA GOLT A I	DTOTACE	TEMENOTAL
	RIOSCLEROTIC C.	AFIDIOVASCULAI	T DIPHOF	UNKNOWN
geve rise to immediate cause (a), stating the undarlying DUE TO				
ceuse lest.				
DARK H. OTHER SIGNIFICANT CONTRA	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART 1(e) 19. WAS AUTOPSY
0				PERFORMED?
O ACCIPILITY MAS AND PRIVATE OF A DOLL PER	COLOR HOW WILLIAM OCCUPIED	/F-1	Don't A Don't II Starm 18)	I IES IX NO [.]
PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS 200. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED	. (Enter natura of injury in i	rent for rent ii of item ib.,	
				(5)
20c. TIME OF INJURY Month, Dey, Year 20d. While Hour a.m. 19 et wor		CE OF INJURY (Home, farm ory, street, office bldg., etc.		(County) (State)
p.m. 19 et wor		- (
21. I certify that (1) (this hospital) atten	ded the deceased from	lovember 28.	1961 to January	19.61 that XI) (we) last
saw the deceased alive on January				
22e. SIGNATURE				22b. DATE
As As			AED. STAFF	1/1/61 SIGNED
22c. PHYSICIAN'S WILLOWCE IM	Conversar No 11	22d ADDRESS		
NAME (Type) MERIE J. WMPLE	R, JR. M. D.	VAH, BA	LTO. MD. FT HO	WARD DY.
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county) (State)
REMOVAL (Specify) BURLAL 7/3/62	BALTIMORE NAT	TIONAL	BALTIMOPE 28	B, MARYLAND
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC	D BY REGISTRAR 256. REG	
		O TIL MAPATE JA	N 3 '62 a	clive S. Kraus
Wm. Cook-Blight Inc. 6009 Ha	arford Rd. Ball	O LIL MONTE		

the funeral d 2 should and Pages TO HOSPITAL SATTENDING PHYSICIAN: The law requires that the death certificate be executed will death. Page 4 be retained by the hospital or attending physician.

> TO FUNERAL DAMECTOR: After this certificate has been signed by the attending physician and completely filled a director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours and

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24 hours after

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USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Frederick. Maryland Baltinord Colly OR TOWN (If outside corporate limits, write RURAL and give neerest lown) New Market e. IS RESIDENCE ON A FARM? YES NO 19 62 January AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 12. CITIZEN OF WHAT COUNTRY? Mrs. Catherine Miller-New Market. ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? NO (County) (Stete) 21. I certify that (I) (this hospital) attended the deceased from 10 - 31- , 1961, to 1- 30- , 1962 that (I) (we) last SIGNED 23d. LOCATION (City, town or county) Suitland, Md.
250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Chrismy S. Thous

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00294	CERTIFI	CATE OF DE	ATH	Reg. Dist.	No. 111291
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAN	A STATE	CE (Where deceased lived. If b. C	institution: Residence OUNTY Baltir	
b. CITY OR TOWN (If outside corporate limits, RURAL ond give nearest 1979)	c. LENGTH OF STAY IN 2 Yrs.	c. CITY OR TOW	N (If autside carparate limits, Owings Mil		e nearest town)
d. NAME OF HOSPITAL (If not in haspital, give OR INSTITUTION Elmere Ro		d. STREET ADDR	ere Road		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Tda	Gross	Luthy	4. DATE OF Jan	, Month 26,	Day Year 62
5. SEX 6. COLOR OR RACE 7	- MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (I last bir		YEAR IF UNDER 24 HRS.
100000	VIDOWED DIVORCED	a ourse of T	892 69	yrs. Months Do	ays Hours Min.
 USUAL OCCUPATION (Give kind of work dor during most of working life, even if retired) 	ne 10b. KIND OF BUSINESS OR IN	IDUSTRY 11. BIRTHPLACE	(State or foreign country)	12. CITIZE	EN OF WHAT COUNTR
Housewife	Home		more Maryla	nd U	.S.A.
3. FATHER'S NAME		14. MOTHER'S MA	IDEN NAME		
Henry Gross		Mart	hea Litzau		
IS. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes. no. or unknown) (If yes, give wor or dates of servi		7. INFORMANT		Address	Owings
NO NO	212-20-942	rs. Ardith	J.Hood, 10	9Elmere 1	Rd. Mills
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate case (a), stoling the under- lying couse last. C) C) C)	Orteriose Emphyser	lerosio) -	Chronic Chronic	le	Speans Years
PART II. OTHER SIGNIFICANT CONDIT	HONS CONTRIBUTING TO DEATH	BUT NOT RECATED TO THE	TERMINAL DISEASE CONDITI	ON GIVEN IN PART I	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITION 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	0b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of inju	ury in Part I ar Part II of item	18.)	YES NO X
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19	20d. INJURY OCCURRED 20e While Not while at work of wark,	PLACE OF INJURY (Hom factory, street, office bld	e, farm, 20f. (City ar town) g., etc.)	(Cou	unty) (Stole)
21. I certify that I oftended the dolive on Actual SIGNATURE Colored	1962, and that de	her, 1958, to oth occurred of 1/1 2-M.D. 1/904	ADDRESS (Street, city of	uses ond on the	dote stoted obov
PHYSICIAN'S Clarence E	. McWilliams			/	, , ,
220. BURIAL, CREMATION, 22b. DATE THEREOF 1-30, 196	2 Loudon Pa		22d. LOCATION (City, Baltimo		(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	Pikesville.	Ma 240	REC'D BY REGISTRAR 24	b. REGISTRAR'S SIGNA	ATURE

TO FUNERAL DIR

R: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death. TO HOSPITAL OR

death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

DATEJAN 3 0 '62

aritur S. Kruna

TROP DEATH HIS DEATH SHEET	OFFICE CERTIFIC
	SOME THE PROPERTY AND ADDRESS OF THE PARTY AND
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	win filter to a community Charles
The state of the s	
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FOR STATE HEALTH DEPT.

y, please or. Page files. Health. TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is execute the case, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 shauld be to make the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State B or its designated agent, prior to barial, cremation, ar removal, and in any event within 72 haurs after death.

VS. A15ME 5M 2/57

00295

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 111292

1.	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	IJALTIMORE MARYLAND	O. STATE MD. b. COUNTY BALTIMORE
	b. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 7835 KENTLEY RD. ZONE 22	1 d. STREET ADDRESS ON A FARM? YES NO. 20NE ZZ VES NO. NO.
3.	NAME OF DECEASED First Middle (Type or print) CDWARD JOSEPH N.	PADIGAN 4. DATE Month Doy Year OF DEATH JAN 18 1962
S.	SEX MALE 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8 WIDOWED DIVORCED	8. DATE OF BIRTH 10/26/1932 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS.
L	o. USUAL OCCUPATION (Give kind of work done of the liber of the liber of working life, even if retired) TURN FOREMAN BETH. STEEL	BALTIMORE MO.
13	EDWARD J. MADIGAN	14. MOTHER'S MAIDEN NAME ELIZABETH WEBER
15		
Lin	es, no, or unknown) 1 (If yes, give was at dates of service)	NARLENE SPARKS MADIGAN, WIFE, AGOLO
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions. if ony, which gove rise to immediate couse (a), stating the underlying couse lost. (b) DUE TO Couse lost.	Shot Gul
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
3		YES NO I
CERTIFICATION		Enter nature of injury in Parl I or Parl II of item 18.) In ABdomen
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA While Not while of work of work of or work	COOF INJURY (Hame, farm, 1204-(City or town) (County) (State) by, street, affice bldg., etc.) 10-1111
	21. I certify that I took charge of the remains described obo	ove, held on Autopsy Inspection I Inquiry and in my
	opinion death resulted from: Natural couses . Accident	, Suicide Homicide , Undetermined monner
	ACTUAL SIGNATURE MASS DAVIN	_M.D. CHIEF MEDICAL EXAMINER
	EXAMINER'S NAME (Type)	ASSISTANT MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER D
22	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, tawn, or county) (State)
	BURIAL 1/22/62 GARDENS OF	FAITH BALTIMORE, MP.
23	FUNERAL DIRECTOR'S SIGNATURE SCHIMUNER FUNERAL HOME INC.	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
1	2601 E. MADISON ST.	DATEIAN 23 162 CICTURE & Trans

and the second of the second o

TO HOSPITAL CATTENDING PHYSICIAN: The law requires that the death certificate be executed wing 44 hours after death. Page the retained by the hospital or attending physician.

TO FUNERAL DEMECTOR: After this certificate has been signed by the attending physician and completely filled to the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removed—and in any event, within 72 hours after departs.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00296

	PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission)
1	Baltimore Maryland	o. STATE Many land b. COUNTY -
/-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (# outside corporate limits, wrife RURAL and give nearest town)
	write RURAL end give neerest town)	01
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0, IS RESIDENCE
	1 . 11	200 Handhourne Aug ON A FARM?
10000	Armacost Nursing Home	
3.	NAME OF First Middle TO TO THE TOTAL TO THE	Lest 4. DATE Month Dey Yeer
	(Type or print) Ellen	McCann DEATH Jan 20 19 02
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Olest birthdey) Months Days Hours Min.
13	emale White WIDOWED & DIVORCED	Jan. 7, 1882 Soft Dirthdey yrs. Months Deys Hours Min.
	. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY?
00	ne during most of working life, even it retired) At Home	Portland.Me.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Anhana Mandanald	Mary Gillan
15	Ambrose Macdonald WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 12. 1	
	is, no, or unkown) (Ifyes give weror deles of service)	ss. Ellen R. Mc (ann 300 Woodbourne Ave
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	M-T INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) (O YCINOMI)	-11/2/25 To Tie Eron
	157 X DUE TO D	
	Conditions, if eny, which \ (b) Doncreas	10 Liver 6Muchin
	geve rise to immediate cause	
	(e), stating the underlying course lest.	
z		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
18		PERFORMED?
FIC	200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED	(Enter neture of injury in Pert I or Pert II of item 18.)
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. Canal made of mysry in converse and a second
MEDICAL		CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
VED A	Hour a.m. While Not While et work et work	ory, street, office bldg., atc.)
1		Dec >7, 1961, to I In 20, 1961, that (1) () (s) last
	21. I certify that (I) (this hospital) attended the deceased from.	death occured at M., from the causes and on the date stated above.
		death occured at
	220. SIGNATORE	ATTENDING MED. STAFF SIGNED
	The control of the control	D. PHYS. DIRECTOR PHYS. /22/6:
	22c. PHYSICIAN'S NAME (Type) PED 12 / TEMPTON TO 1	22d. ADDRESS ADDRESS AUM
	Manks 1 Official	150/ YOV/ Ad 10 WSon"9110
230	BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Steta)
	REMOVAL (Specify) Jan. 24, 1962 (alvary (em Portland Me.
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S STENATURE
	Leonard J. Ruck. Inc. 5305 Harford 1	d. DATERN OA 160
-		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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the funeral and 2 should ours affer TO HOSPITAL OF TIENDING PHYSICIAN: The law requires that the death certificate be executed within the last the death. Page 4 manual retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the standard of the deathed for use as the burial-transit permit. Then please remove carbon papers. Pages 7 and 2 be filled with the State Dept. of Health prior to burial, cremation, or removal, and event, within 72 hours after deaph.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00294 00207

1. PLACE OF DEATH	1 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission)
e. COUNTY	e. STATE b. COUNTY
Baltimore MARYLAND	Maryland Baltimore
b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest lown)
Lansdowne	Lansdowne
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE
(15 17 1:	615 Washington Ave
615 Washington Ave. 3. NAME OF First Middle	1 015 Washington Ave
DECEASED (Type or print)	OF DEATH 100
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	January 16 162 DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
	last birthdey) Months Deys Hours Min.
Female White WIDOWED NO DIVORCED 1	Aug. 28, 1879 82 yrs.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	n 1
Housewife Home	Baltimore Md.
	14. MOTHER'S MAIDER TAKE
Robert Blatchley	Mary Anderson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyes give were released service)	INFORMANT Address
18. CAUSE OF DEATH [Enter only one ceuse per line for (e) The Cause of the control of the control of the cause of the caus	orge W. McCullough, 615 Washington Ave.
PART I. DEATH WAS CAUSED BY:	ONSETAND DEATH
IMMEDIATE CAUSE (0) (Cute Conge	slive Man failure 2 yrs.
LAT DUE TO M A	11
Conditions, if ony, which > (b) (Interesclerate	E Huspertensing CVD ? surs
geve rise to immediate cause	C Williams
(e), steting the underlying DUE TO	
ceuse lest. (c)	
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Ť.V.	YES NO X
200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED	O. (Enter neture of injury in Pert I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH	
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
Hour e.m. P.m. 19 While Not While et work et work	
	Sent. 1954 to Van 16 1962 that (1) (we) last
21. I certify that (I) (this hospital) attended the deceased from.	16/5
	death occured a.M., from the causes and on the date stated above.
226, SUCNATURA	ATTENDING. MED. STAFF 22b. DATE
Helen I Dans How	A.D. PHYS. DIRECTOR PHYS.
	22d. ADDRESS
22. PHYSICIAN'S HAME (Type)	530 Fast Drive
Merbert of Levichas	
236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
Burial 1719/62 Meadow Ridge	Howard County Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Howard County, Md.
	1AN 4 0 100
Howard H. Hubbard, 4107 Wilkens Ave.	DATE JAN 1 8 '62 O thing S. Kraus

PESTURE Control of the contro 201 1 100 Lower to Mandage

Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Item 9 Film G305 1/29/62 1wk 1. PLACE OF DEATH . COUNTY ssary, Page files. Health, a. STATE b. COUNTY Baltimore Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL end give neerest town) Board of Towson Towson S. P I to the funeral dir be retained for y th the State Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Baltimore Beltway & Thornton Rd. Bridge Paisley Farm, Old York Rd. the Sir. death. NAME OF 4. DATE Middle DECEASED ithin 24 hours after conditions. Give Pages 1, 2, and 3 to the form PM3. Page 5 may be retail. File pages 1 and 2 with the event within 2 hours after d (Type or print) DEATH WILLIAM McDADE January 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR lest birthdey) Months White Male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) timore, Maryland Regena 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME eanne Mc (abe Bernard with form R. This certificate should be executed within the word "pending" in pencil in Item 18. Gi Addical Examiner's Office along with form hould be used as a burial-transit permit. Fill It cremation, or removal, and in any even 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] PART I. DEATH WAS CAUSED BY: Craniocerebral Injury. IMMEDIATE CAUSE (a) DUE TO geve rise to immediate cause e certificate, writing the word "pending" arded to the Chief Medical Examiner's RECTOR: Page 3 should be used as a agent, prior to burial, cremation, or ren DUE TO (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of item 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Driver of auto into fixed object. 20d. INJURY OCCURRED & 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) 20c. TIME OF INJURY Month, Dev. Yeer fectory, street, office bldg., etc.) Hour e.m. Not While et work 78 1962 et work Beltway 1 :25 DOK Towson 21. I certify that I took charge of the remains described above, held an Autopsy 🔀 Inspection Inquiry should be forwarded to by FUNERAL DIRECTO death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S Charles S. Petty, M.D. NAME (Type) Address (Street, city, town, or county) 22e. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 240 g Burial 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME J. Ruck 5305 Harford Road #14

MARYLAND STATE DEPARTMENT OF HEALTH

Baltimore

e. IS RESIDENCE ON A FARM?

YES NO

19

Hours

12. CITIZEN OF WHAT COUNTRY?

same.

(County)

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? NO 4

and in my opinion

DATE SIGNED

1/18/62

(Stete)

IF UNDER 24 HRS.

5M 9/60

[.][.] the section day sugar to the control of the re-. Augus formule occupation the second second second to the second THE REPORT OF overlation of the state of the LEUWER . . ROW JUST WAR ONE TWEEL .

FOR STATE HEALTH DERT.

TO DEPUTY MIXED. EXAMINER: This certificate should be executed within 24 hours after death. If any delay is ssary, please execute the vertificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral difference 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3-Rage 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Megilth, or its designated agent, prior to burial, cremation, or removal, and in any event (within-72) hours after death. VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00299 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
o. COUNTY BATTIONER E MARYLAND	o. STATE N. Y. b. COUNTY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
TOWSON 4 DAYS	TROY 69x.3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS ON A FARM?
36 DUBLIN DRIVE	1713 HIGHLAND AVE, YES NO E
3. NAME OF DECEASED (Type or print) MIPRY AUCE MCG	RANE DEATH JAN 4 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
W WIDOWED DIVORCED	last birthday) Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
PTW FF	N.Y. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JAMES SCHRRY	ELLEN RELLY
(Yes, no, or unkown) (Ifyas give wer or detas of sarvice)	INFORMANT Address
MR	5. ELLEW WIDMAYER, 36 DUBLIN DRIVE
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: MYCCARD: AL	INFARCTION / MIN.
DUE TO 1/VD SORT IS UT	Paris de Maria
Conditions, if eny, which (b) HYPERTENSIVE (ANCHIOVASCULAR DISEASE ZO YAS
geve rise to immediate ceuse (a), stating the underlying DUE TO	
ceuse lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ICAT	YES NO Z
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 209. CAUSE OF DEATH.	Enter nature of injury in Pert I or Part II of item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata)
Hour a.m. While Not While sex work at work	tory, streat, office bldg., etc.)
21. I certify that I took charge of the remains described above, he	eld an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from: Natural causes . Accident . Suice	cide, Homicide, Undetermined manner
	CHIEF MEDICAL EXAMINER
SIGNATURE WILLIAM VILLENTING	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S WILLIAM A. PILL SBUR	DEPUTY MEDICAL EXAMINER AD. 1-4-62 Addrass (Street, city, Town, Ut county)
REMOVAL (Specify)	R CREMATORY 22d. LOCATION (City, lown, or country) (State)
Burial/Removal Jan. 8, 1962 St. Marys Les	MeTery Iroy, New Jork -
23 FUNERAL DIRECTOR ADDRESS	248. REC'D BY DEGISTRAR 246. REGISTRAR'S SIGNATURE
John Kurne Done, Tollson, Mig.	DATE JAN 8 '62 Chillen S. Fleaus

THE SOUTH THE Mrs. Fr. to D. Desager 186 DANE ... Dellar The second secon

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 00300 MEDIC

AL	EXAMINER'S	CERTIFICATE	OF	DEATH	Reg. Dist. No.
TV	\	Item 7 Film G	306	2/9/62	Reg. Dist. No.

STATE		BALTIMORE COUNTY \ Item 7 Film G306 2/9/62 Reg. Dist. No.
H DEPT.		PLACE OF DEATH A SPARRINS POINT 12. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)
		AT See (TACIFIC MARYLAND O. STATE Md. b. COUNTY -
(NI	1 8	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) ond give nearest lown) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
(1)	L	Baltimone 3voi-4
Y	2	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give sheet address) d. STREET ADDRESS e IS RESIDENCE ON A FARM?
/	2	TICS TIEM OUTY OIN, CAILE 1409 N. Ellwood Ave. YES NO E
	3.	NAME OF DECEASED Middle Lost 4. DATE Month Doy Year
	-	Type or print) ISARC NOMENZIE DEATH 1-17 1962
	5. 5	Separated Separated Months Day Months Day Months Day Months Day Months Day Months Day
	10	male Coloned WIDOWED 5-27-1906 55 yrs.
	100	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (Slote or foreign country)
	12	FATHER'S NAME Ship HONEY MIDEN NAME
	13.	71 / 2004 ' 3
	35	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
	{Yes	no, or unknown) (If yes, give war ar dates al service)
T	-	M. CAUSE OF DEATH [Enter only one couse per life for (o), (b), and (c).]
ال		PART I. DEATH WAS CAUSED BY: ON STAND OF THE ONE OF THE
		IMMEDIATE CAUSE (6)
		Conditions, if any, which)
		gove rise to immediate cause
		(a), stating the underlying cause fast.
0	Z	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
U	CATION	PERFORMED? YES NO D
	TE	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED Exploratoure of injury in Part I or Port II of item 18.)
	CERTIFI	CAUSE OF DEATH.
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	MED	Haur a. m. While Not while factory, street, office brag., etc.) p. m. 19 at wark of wark
		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection I Inquiry . and in my
		opinion death resulted from: Natural couses , Accident , Suicide , Hamicide , Undetermined monner
		made
		SIGNATURE MEDICAL EXAMINER () DATE SIGNED
2		EXAMINER'S M Q Day (S ASSISTANT MEDICAL EXAMINER)
~		NAME (Type) // P) . JATU) DEPUTY MEDICAL EXAMINER
	220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, of county) (State)
	15	emoval 2-4-62 Wesley Cemetery Schulerville, S.C.
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	1/	AUDION CONVICT ILLIA E. Phooles XT. DATER 5 162

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

"116.00
re deceased lived, If Institution: Residence before edmission)
b. COUNTY
corporate limits, write RURAL and give nearest town)
2
e. IS RESIDENCE
iridge Rd. YES NO D
TE Month Dey Year
ATH 1 25 19 62
9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
7 yrs. Months Deys Hours Min.
e, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
USA
son
Address
st same
INTERVAL SETWEEN
TIUSE (EROTIC ONSET AND DEATH
sease 3 ums
0 / 115
ASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
YES NO
the same of the sa
YES NO X
Pert II of Item 18.)
YES NO NO No County) (Steta)
(City or town) (County) (Steta)
YES NO NO NO Pert II of Item 18.) (City or town) (County) (Steta) To 196. That (I) (we) lass from the causes and on the date stated above
YES NO NO NO (City or town) (County) (Steta)
(City or town) (County) (Steta) To
YES NO NO No No No No No No

1-1-1then the state of the state of TELL TO THE STREET OF THE CHICAGO STORY CAINLON SEE THE PIECES STATE 12 4 1/4 F I STORE FRANCE ARE - X E 1040 E 11040 F which it is not believed the contest of ALT THE STATE OF THE Leonard , we joy was ord we

FOR STATE HEALTH DEPT. I

> VS. A1SME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

00302 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 '	e. COUNTY				COLINITY	sidence perore admission;	
	Baltimore MARY	* Maryland Baltimore					
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	f outside corporate lim	rporate limits, writa RURAL end give neerest town)				
7	Dundalk (22) 6 year	r s	X Dundalk (22)				
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street edd		d. STREET ADDRESS	- (/		a. IS RESIDENCE	
	7203 Dunglen Court		7203 Du	urt	YES NO		
3.	NAME OF First Middle		Lesi	inglen Co	Month	Dey Yeer	
	(Type or print) Bassill Guy		McVey	OF DEATH	January		
LE			DATE OF BIRTH		n years IF UNDER 1 Y		
1)	7. Mondey De letter monde			last bir		ys Hours Min.	
K	male white widowed Divorce		Feb. 18, 1910		yrs.		
d	le. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	R INDUSTR	Y 11. BIRTHPLACE (Stete	or foreign country)	12. CITIZ	EN OF WHAT COUNTRY?	
	Welder Inspector Steel		West Vir	ginia	US	A	
13	. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
	Martin D.McVey Adda Terry						
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY Ness, no, or unknown) (Ifyesgive werer detes of service)	(O. 17. I			Address		
1	no 235-10-403	38 1	Irs. Anna I	C.McVey	same a	s #2	
	18. CAUSE OF DEATH [Enter only one cayse per line for (e), (b), end (c).]	Maria			INTERVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) CORON BY	4	OCCLU	SION		ONSET AND DEATH	
	4) O DUE TO				-0.3		
1	Conditions, if eny, which (b)	1					
	gava rise to Immadieta cause		TOP THE				
	(a), steting the underlying DUE TO						
1	cause last. (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e); 19. WAS AUTOPSY						
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTINUOUS TO BEAT		TREETIED TO THE TERRIT	THE DIDENCE CONDIN	ON ON EN INTERNET	PERFORMED?	
No.	- STEERING COURT WAS A STEERING WOUND OF THE	41000		1 D- 4 H - 6 24- 10		YES NO	
CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)						
1	CAUSE OF DEATH.	11/-					
CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED— Hour a.m. While Not While		CE OF INJURY (Home, ferm ory, street, office bldg., etc.) (Count	y) (Stete)	
MEDI	p.m. 19 et work el work						
	21. I certify that I took charge of the remains described a	bove, he	ld an Autopsy	Inspection [Inquiry []	and in my opinion	
П	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner						
13	m/2 x.		CHIEF MEDICAL	EXAMINER [
	ACTUAL SIGNATURE		M D. ASSISTANT MED	ICAL EXAMINER		DATE SIGNED	
P			DEPUTY MEDICAL	L EXAMINER		1/13/62	
	EXAMINER'S NAME (Type) Melvin B. Davis. M. D.	Du	indalk 22 l	ary land			
22	e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEA	METERY OF		22d. LOCATION (CI	y, town, or country)	(Stata)	
	Burial 1/15/62 Gardens	of '	Poith	Reltin	ore Co.,	Maryland	
2	Burial 1/15/62 Gardens 3. FUNERAL DIRECTOR ADDRESS	- O		D BY REGISTRAR 24	b. REGISTRAR'S SIG	NATURE	
TAI	alter Brooks Bradley, Inc., Dun	dalk	22 Md JAN	1 6 '62	arthur S. 16	alle	
AA	at our product practoff the	~~~~	TO JANGEDAIL				

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 00303

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-	-		-	

<		LACE OF DEATH . COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Dorenes 6.					
1	Ь	CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)					
1		RURAL and give nearest town) Mt. Wilson, Maryland 20 Weeks	Cambridge 0913-2					
	0	d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?					
-		Mt. Wilson State Hospital	ST 8 OZ RIEV ST. YES NO NE					
		NAME OF First Middle DECEASED (17)	Messick DATE Month Day Year OF DEATH / D 1962					
	S. S	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.					
		WIDOWED DIVORCED	3/4/00 last birthday) Manths Days Haurs Min.					
	10a.	USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF 8USINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
		Truck Driver Conning	Md. 4.S.A.					
1	13. 1	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
		John W. Messick	Rebecca Hubek					
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN. ng, or unknown) 1 (If yes, give wor or doles of service)	IFORMANT Address					
		Ves W.W.I 214-07-9966 H	ospital Records, Mt. Wilson State Hospital					
	1	18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH					
	PART I. DEATH WAS CAUSED BY: Carcinoma of Lung							
	DUE TO							
		Candilians, if any, which) (b)						
H		gave rise to immediate cause (a), stating the under-						
		lying cause last. (c)						
	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO						
	CERTIFICATION	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
	MEDICAL	Haur a. m. While Nat while factory, street, affice bldg., etc.) p. m. 19 at wark at wark						
		21. I certify that (1) (this hospital) getended the deceosed from. 8/23 1961, to 1/10 1962, that (1) (we) last						
	0	saw the deceased olive on1962, and that death occurred atM, from the couses ond on the dote stoted above.						
	220. SIGNATURE 22b. DATE ATTENDING MED. STAFF SIGN							
		- I WOV CV - I LL	M.D. PHYS. DIRECTOR PHYS. 1/10/62					
1		22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS					
		Wm. Newcomer, M.D. Superintendent	Mt. Wilson State Hospital, Mt. Wilson, Md					
	23a.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATION (City, town, or county) (State)					
	_	urial 1/13/62 Dorchester Me	em. Park Cambridge Md.					
		FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'DIAY REGISTRAP ZSb. REGISTRAR'S SIGNATURE					
1	L	eCompte Funeral Service Cambbidge, Md.	• DATE					

4 The second secon ACCUSATION OF STREET OF THE ST MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	TOUDUY.					****	O III
1. PLACE OF DEATH			2. USUAL RESIDE	NCE (Where de	ceesed lived, If ins	stitution: Reside	nce before admission)
	altimore	MARYLAND	a. STATE Maryland b. COUNTY			Prince Georges /	
	b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town) Catonsville		c. CITY OR TOWN	(If outside corpo			
			Mt. Rain	nier	1/	47	1 -1
d. NAME OF HOSPIT	AL OR INSTITUTION (if not	in hospitel, give street eddress)	d. STREET ADDRESS	5	0		e. IS RESIDENCE
Spring Gr	rove State Ho	spital	3401 Bu	nker Hil	l Rd.		YES NO X
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Dey	y Yeer
(Type or print)	Hugo		Mever	DEATH	Januar	y 31	1 19 62
5. SEX	6. COLOR OR RACE 7. A	AARRIED NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In yeers IF		
male		DOWED DIVORCED XX	11-9-81	8	last birthdey) O yrs.	Months Deys	Hours Min.
10a. USUAL OCCUPATI	ON (Giva kind of work	106. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Co	unty & Stete, or I	oreign country)	12. CITIZEN	OF WHAT COUNTRY
clerk	rking life, even il retirad)		Germany			U.S.A	Α.
13., FATHER'S NAME			14. MOTHER'S MAIDE	N NAME			
Josef Me	ever		Elisa	beth			
15. WAS DECEASED EVE	ER IN U.S. ARMED FORCES?		INFORMANT		Address		
	s, no, or unkown) ([fyesgive werordates of service)					spital	
	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).)			6 0-0.0	300,00	11	NTERVAL BETWEEN
PART I. DEATH	H WAS CAUSED BY:					C	ONSET AND DEATH
11.50	DUE TO	Arteriosclero	tic cardioval	Lvular-a	150250		years
Conditions if any	Conditions, if any, which (b) Generalized arteriosclerosis						years
geve risa to Immedia	ete ceuse	Ochel allacd a	TOSILOSOTOLOS	الحاطية الا			J. COLA C.
(e), steting the un	(e), stelling the underlying DUE TO						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY						
Z PART II. OTHER 2De. ACCIDENT WA OR CONTRIBUTING OR CONTRIBUTING OF LITTER, NOTIFY							YES ON NO
ZDe. ACCIDENT WA	2De. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Entar neture of injury in Pert I or Pert II of item 18.)						
OR CONTRIBUTING	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
		20d, INJURY OCCURRED 2De. P	LACE OF INJURY (Home, fa	orm, 20f. (City	or town)	(County)	(State)
20c. TIME OF INJU	Hour e.m. While Not Whila factory, street, office bldg., etc.)						
	p.m. 19 at work						
	ed alive on1/.3.1	_/.62 19, and th	at death occured at		ine causes ai	nd on the	22b. DATE
22a. SIGNATURE	Stella W	achsler	M.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.]	1/31/62 SIGNED
22c. PHYSICIAN'S NAME (Type)							
	Stella Wachsler, M.D. Spring Grove State Hospital						
23a. BURIAL, CREMATI	ON, 23b. DATE THEREOF				TION (City, town		(Stete)
Burial (Specify)			morial Park		lls Chur		Va.
24 FUNERAL DIRECTOR		ADDRESS	25e. R		RAR 25b. REGIS		
+ Harris	Son 4139	Balt Av, Hyat	toulle my XDATE &	EH 2 '62	2 and	hun S. The	anta a

the funeral and TO HOSPITAL OR TENDING PHYSICIAN: The law requires that the death certificate be executed within 2 death. Page 4 m that the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled it director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after 15M 9/60

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Bunks 2/52 National Memorial Park Palls Church,

TO PROPERTY.

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The Part of the Control of the Contr

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND W. PRESTON STREET, BALTIMORE 1, MARYLAND Baltimore Maryland MARYLAND c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Towson Years Baltimore Presbyterian Home of Md., Inc. 315 E. 22nd. 4. DATE DEATH Charlotte Miller 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR | last birthdey) WIDOWED [May 11. 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country)

2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest fown) b. CITY OR TOWN (if outside corporate limits, d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) e. IS RESIDENCE ON A FARM? YES NO IF UNDER 24 HRS. 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Westernport, Maryland 14. MOTHER'S MAIDEN NAME Joseph M. Miller Sarah C. Schrader 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (ffyes give wer or dates of service) Mrs. T.E. Elliott, Supt. Presbyterian 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] Home of Maryland ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral thrombosis 3 weeks IMMEDIATE CAUSE (e) DUE TO Cerebral Arteriosclerosis Conditions, if eny, which vears gave rise to immediate cause DUE TO (e), steting the underlying Hypertensive cardiovascular disease PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO NO Pernicious anemia 20e. ACCIDENT WAS UNDERLYING | 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert i or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 2Df. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While et work et work 22b. DATE DIRECTOR PHYS. PHYS. . Venable, Jr.M.D. 7215 York Road, Baltimore 12, Maryland 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY

Pikesville, Maryland

24 FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Druid Ridge

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

John O. Mitchell & Sons, Inc. 1900 Eutaw DATE JAN 22'62 Place, 17

VR A15 (4) 15M 9/60

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Page 4

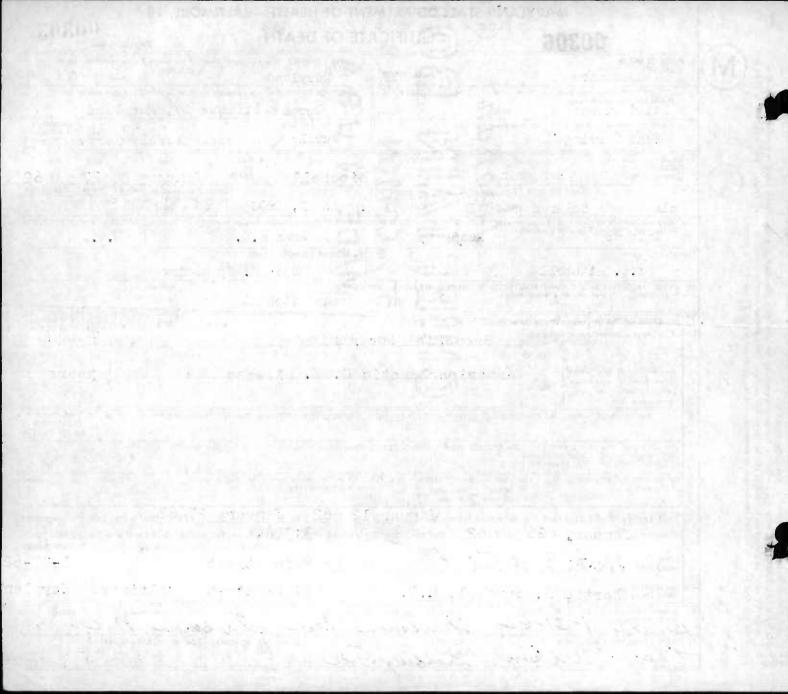
TO HOSPITAL OR ATT.

NG PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained the spiral an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/58

1	00300		OEKTII IC	7711	. OI DEAI			Reg. Dist	No.	
a. COUNTY Balt	timore		MARYLAND		usual residence (\ o. STATE Merylar		ed lived. If instituti b. COUNTY		before admis	sion)
b. CITY OR TOWN RURAL ond give Reister	N (If outside corporate limits e nearest town)	s, write	E. LENGTH OF STAY IN 16		c. CITY OR TOWN (I		orote limits, write F			n)
d. NAME OF HOS OR INSTITUTION	Nursing Home	ve street od	dress)		d. STREET ADDRESS	2800	luchenter	roly T	e. IS RES	FARM?
NAME OF DECEASED (Type or print)	Firs Ben jan		Middle	M:	itchell	4. DATE OF DEATE	Mod Janus			Yeor 19 62
sex Male		7. MARRIE	DIVORCED		pril 11,	1906	9. AGE (In years lost birthdoy) 55 yrs.	IF UNDER 1	YEAR IF UND Doys Hours	Min.
during most of w	TION (Give kind of work d yorking life, even if retired)		ND OF BUSINESS OR INC	USTRY	11. 8iRTHPLACE (Sto		country)		S.A	COUNTRY
B. FATHER'S NAME	. Mitchell		Law J	14	. MOTHER'S MAIDEN		Spaulding			
S. WAS DECEASED E	VER IN U. S. ARMED FORCE		OCIAL SECURITY NO.		MANT Trene Mit	chell	Add	Iress	N. E.	
Conditions, if gove rise to couse (o), stotic lying couse los	immediate DUE TO		riosclerot		<u>Majo</u>			VFN IN PART	year	
20g. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTI			IBE HOW INJURY OCCUR						PERFO	NO [
20c. TIME OF INJ Hour o. n	n, 10	while			OF INJURY (Home, fo street, office bldg., o		ty or town)	(Co	ounty)	(Stote
olive on	that I attended the anuary 26 Martin E. S Martin E. S	12 6	2, ond that dea		turred at 3:30	ADDRESS (the causes or Street, city or town,	nd on the	dote state	
CO. BURIAL, CREMATEMOVAL (Speci	TION, 226. DATE THEREON /-3/-6		22c. NAME OF CEMETERY	OR CR	Cem	3	ATION (City, town,	n	(Sto	te)
23. FUNERAL DIRECTO	1 1 31-6	2	Incerny ADDRESS Family	on G	24a. RE	CO BY REGI		ISTRAR'S SIG		,



the funeral d 2 should TO HOSPITAL OF ENDING PHYSICIAN: The law requires that the death certificate be executed within 2 death. Page 4 m claimed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60 M

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (1)314

1. PLACE OF DEATH	1			2. USUAL RI	ESIDENCE (Wha	re decessed lived, If b. COUN		ce bafore a	dmission)
150	Ulemore		MARYLAND	" Md.		b. C001	Halle	me	ce.
	if outside corporate limits,	c. LE	NGTH OF STAY IN 16	c. CITY OR	TOWN (If outside	corporete limits, write	RURAL and give	naarest tow	/n)
	altimore -	12		X Balt	imore	-12			
	TAL OR INSTITUTION (if no	ot in hospital, gi	ive street address)	d. STREET	ADDRESS				ESIDENCE A FARM?
7104 5	heffield Rd.			7104	4 Sheffie	ld Rd.		1	NO 🗌
3. NAME OF DECEASED	First		Middle	Last	4. DA	TE Month	Day	Yaa	г
(Typa or print)	Euphenia		8.6	CHELL	DE	ATH Jar			62
5. SEX	6. COLOR OR RACE 7.	MARRIED	IEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthdey)	Months Days	IF UNDER	Min.
F	1 79	VIDOWED 🛣	DIVORCED [Jan. 9,		77XXXyrs.			
10a. USUAL OCCUPAT dona during most of wo	ION (Giva kind of work rking life, avan if retirad)	10b. KIND OF	BUSINESS OR INDUS			a, or foreign country)			COUNTRY
Housew				Scotla			Scot	land	V
13. FATHER'S NAME	Yel				MAIDEN NAME				
Daniel					Colville				
	ER IN U.S. ARMED FORCES fyasgivawarordates of service		L SECURITY NO. 17.	INFORMANT		Address			
		None		rs. Alice	M. Pett	igrew 7	LO4 Sheff	ield	Rd.
	H WAS CAUSED BY:	se par lina for	(a), (b), and (c).]	a Trea	CAOPOL	a oli I.		ERVAL BET	SWEEN SWEEN
	IMMEDIATE CAUSE (a)	Muu	works	7 iac	CALLON	agur		1.0	mus s
120	DUE TO						100		
Conditions, if any									
(e), stating the u	DITTO								
ceusa last.) (c)								
PART II. OTHE	SIGNIFICANT CONDITION	O	ING TO DEATH BUT N	OT RELATED TO T	HE TERMINAL DISE	ASE CONDITION GIV	EN IN PART 1(e)	9. WAS A	DRMED?
3 10000	e regreen	eusio	a k c	orough	y wire	my out	are.	YES	ИО ⊡
OR CONTRIBUTING	AS UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESCRIBE F	10W INJURY OCCURI	D. (Entar neture of	infury in Pert I or F	Part II of item 18.)			
20c. TIME OF INJU	JRY Month, Day, Yaer	20d. INJURY		ACE OF INJURY (H	Homa, farm, 20f.	(City or town)	(County)		(Stata)
Hour a.m.	19		ot While fa at work	ctory, streat, office	bidg., etc.)	4. 1.	,		
	hat (I) (Mis hospital)	attended t	he deceased from	10	1000	10 / all /	19(a.V.)	hat (I) ((aus) last
The second secon	sed alive on	_	1-3/	•	ed at AM.				
210. SIGNATURE	シュナラ	rito		ATTENDING		STAFF		1/13/	SIGNED
22c. PHYSICIAN'S	coci · · · ·	-0.0		22d. ADDI				1101	
NAME (Type	William F.	Fritz.	M.D.	2 W.	. Univers	ity parkwa	ay, Balte	-18.	Md.
23e. BURIAL, CREMAT	ION, 23b. DATE THEREO		NAME OF CEMETERY			LOCATION (City, to			itate)
REMOVAL (Spacify)		1962	Geo. Washi	ngton Mer	n Park	Phila. Pai	1		
24 FUNERAL DIRECTO		1/00	ADDRESS	1	250. REC'D BY R	EGISTRAR 25b. RE		TURE	
Wm. Cook-	lowson, Inc.	1050 Y	Tork Rd.		DATEIAN 1 6	'62 Cla	Thur & How		
7-000	THE STATE OF THE S							-	

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William F. Reiter, M. C. C. Market P. D. Marketty Defraty, Black-H. J. H.

The Court of the second state of the South Control of Control of

Ele. Collection of the Library His Election of the Election of

FOR STATE TO DEPUTY M. EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please execute the tertificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral did to Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 houry office death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF TRACE, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH MARYLAND STATE DEPARTMENT OF HEALTH 00308 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1. PLACE OF DEATH	2	2. USUAL RESIDENCE (Where decessed lived, If instituted	n: Residence before edmission)						
A	Baltimore	MARYLAND	e. STATE Mary Land b. COUNTY							
	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16								
1	write RURAL end give neerest town) Catonville	3vr5mth25dvs	Baltimore 3/1/1-4							
1	d. NAME OF HOSPITAL OR INSTITUTION (if n		d. STREET ADDRESS	. IS RESIDENCE						
		HOSETAL	6717 Youngstown Avenue	YES NO						
	3. NAME OF First DECEASED	Middle	Last 4. DATE Month OF	Doy Yeer						
	(Type or print) Gaeta		Modo DEATH JANUAR	4 12 1962						
A	5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UND last birthday)							
9	1 1111111111111111111111111111111111111	VIDOWED DIVORCED	1880 February 81 yrs. Month	Deys Hours Min.						
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUSTR		CITIZEN OF WHAT COUNTRY?						
	icre cream vendor		Maryland	U. S. A.						
ď	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME							
	Benny Modi		Philomina Pilato							
	15. WAS DECEASED EVER IN U.S. ARMED FORCE: (Yes, no, or unkown) (Ifyes give wer or detes of serv		NFORMANT Address							
	unknown		ords: SPRING GROVE STATE H	OSPI TAL						
	18. CAUSE OF DEATH Enter only one ca	use per line for (e), (b), end (c).]		INTERVAL BETWEEN ONSET AND DEATH						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Acute coron	chy occlusion	C hrs						
	DUE TO									
	Conditions, if any, which (b)	Years								
	geve rise to immediate cause	rter soschrosis								
,	(e), steting the underlying cause lest.	artemosclerosis	Years							
1	PART II. OTHER SIGNIFICANT CONDITIO	SON ENO LIZED		ART I(a) 19. WAS AUTOPSY						
	3 ofracture left hi	b) chromic h	rain sylldioine due bo	YES NO THE						
	20e. EXTERNAL CAUSE WAS 20b	200 EXTERNAL CALISE WAS 2016 DESCRIBE HOW IN HIP OCCUPED (Enter datus of injury in Part Les Part Les Ing. 18 1 00 11 11 11 11								
	PRIMARY OF CONTRIBUTING TO STI	uck by another pat	ient, causing him to fall to	the floor						
	20c. TIME OF INJURY Manth, Day, Year		ce of Num. (Home, ferm, 201. (City or lown)	County) (State)						
	Hour o.m. 11-361		ory, street, office bldg., etc.) Catonsville 28,	Maryland						
	21. I certify that I took charge of t									
	death resulted from: Natural caus			man.						
Ġ	A .	001	CHIEF MEDICAL EXAMINER							
	ACTUAL COLANIA	P IVade	ASSISTANT MEDICAL EXAMINER	DATE SIGNED						
1	SIGNATURE CONTINUE	1. Telegran	DEPUTY MEDICAL EXAMINER	1/1/61						
4	EXAMINER'S JOSEPH R.	Cladue I D	Address (Street, city, town, or county)	111161						
	220. BURIAL, C. MAHON, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR		ntry) (State)						
	Jany XXX 252 XJan 4 19	62 Gardens of F	aith Trump & Mill Ro	Balt.Md.						
	23 NERAL DIRECTOR	ADDRESS	24e. REC'D BY REGISTRAR I 24b. REGISTRAR'	SSIGNATIRE						
	100 00 /	oce 322 S. Hig		S. Kraus						

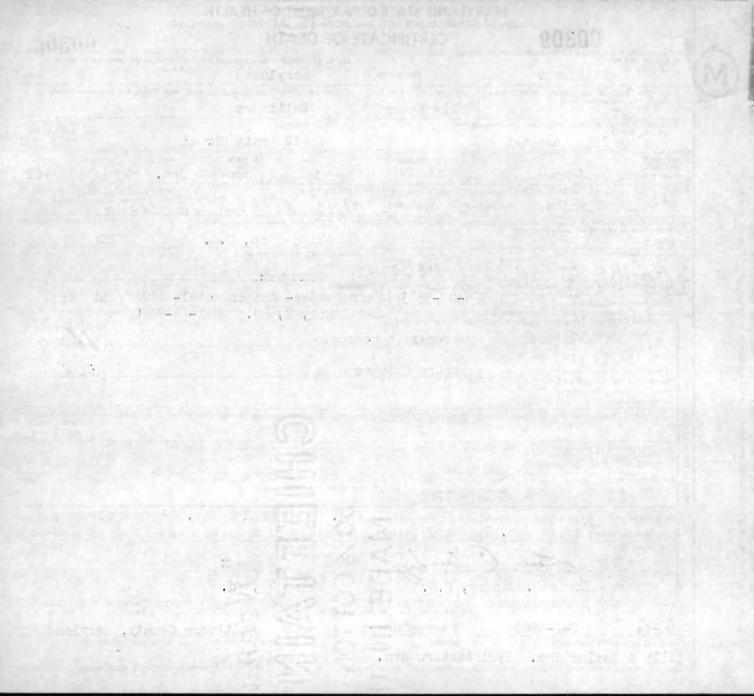
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

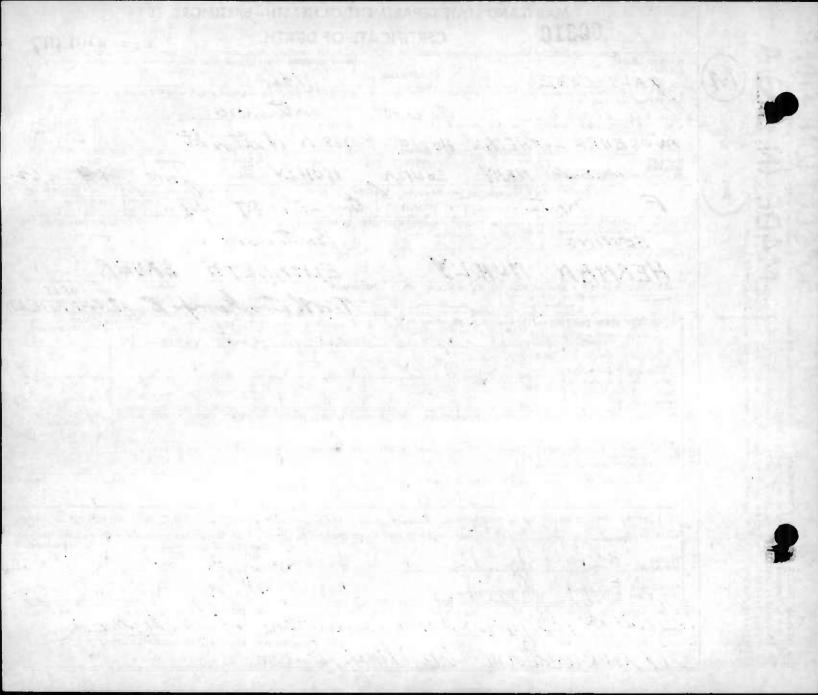
00309 CERTIF

1.	00309	CERTIFICA	TE OF D	EATH				0013	06
1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	- CTATE	DENCE (Who	re deceased live	d. If institution b. COUNTY	on: Residenc	e before admir	ssion)
b. CITY OR TOWN (RURAL and give n Relay	If outside corporate limits, write learest town)	c. LENGTH OF STAY IN 16	1		tside corporate	limits, write Ri	URAL ond gi	ive nearest tow	vn)
		ll hours		Baltim	ore		3 V	01-4	
OR INSTITUTION	TAL (If not in hospital, give street III Hospital	oddress)	d. STREET A		att Str	eet		ON.	A FARM?
3. NAME OF DECEASED (Type or print)	First John	Middle	Morris		4. DATE OF DEATH	Jan.	th 29	Day	Yeor 1962
5. SEX Male	6. COLOR OR RACE 7. MAR White WIDOW		B. DATE OF BIRT	H 2 /	895 9. 4	GE (In years ost birthdoy) yrs.	Months	Days Hours	
10a. USUAL OCCUPATI	ON (Give kind of work done 10b.		USTRY 11. BIRTHPI	ACE (Stote o	r foreign countr	2	1	ZEN OF WHAT	COUNTRY
Seaman	king life, even if retired)		Was	hingto	n, D.C.		U	SA	
13. FATHER'S NAME	V MARRIO	DECEAS	14. MOTHER'S						
1S. WAS DECEASED EVI	ER IN U. S. ARMED FORCES? 16. (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17.1	informant ohn Benje	riend:		tel- 6]		tt St;	
18. CAUSE OF DE	ATH [Enter only one cause per I	ine for (o), (b), and (c),1	altimore	, 2, M	d. Mui	1-5-5	340	INTERVAL B	BETWEEN
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Coronary thr	ombosis					ONSET ANI	
77	DUE TO						14.13	1	1.61.11
Conditions, if o		coronary disea	se					That	non
couse (o), stoting lying couse last.									
PART II. OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO	THE TERMIN	IAL DISEASE CO	NDITION GIV	EN IN PART	PERF	S AUTOPSY FORMED?
20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING (1) 20b. DES G (1) CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter noture o	of injury in Po	ort I or Port II o	f item 1B.)			
20c. TIME OF INJUI Hour o. m. p. m.	While	£.	LACE OF INJURY (octory, street, office	Home, farm, e bldg., etc.)	20f. (City or t	own)	(C	ounty)	(Stote
21. I certify the	at (I) (this hospitol) otten used olive on Jan. 2	ded the deceosed from. 219_62, and that	Jan. 29	19 d of 3P /	62 to Ja			2 that (I)	
22o. SIGNATURE	Learn 6	Tuntos	M.D. ATTENDIN	G _ MEI		TAFF HYS.			226. DATE SIGNET
22c. PHYSICIAN'S NAME (Type)	Lewis P. Gund	ry, M.D.	22d. ADDR Re.	ess Lay 27	, Mď.				
23a. BURIAL, CREMATIC REMOVAL (Specify	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY		23d. LOCATION	(City, town,	or county)	(Sto	ote)
Burial	2-2-1962	Sacred Hear	rt		Baltimo			Marylar	nd
24. FUNERAL DIRECTOR		ADDRESS L Eastern Ave.		25a. REC'D	BY REGISTRAR		STRAR'S SIG	NATURE	
0 0. 00				DVIEGORIA	- UZ	la.	Ving 9	Theres	

TO FUNERAL DIRECTAR: After this certificate has been signed by the ottending physician and completely filled in by the page 3 should be detoched far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauthe State Board at Health priar ta burial, crematian, or remaval, and in any event, within 72 hours ofter death. NG PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after TO HOSPITAL OR ATT VR A1S (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

7	00211		GIRTH GAT					10
	PLACE OF DEATH				E (Where decessed fived, I		idence before	edmissjon)
/	o. COUNTY Baltimore		MARYLAND	a. STATE Maryland	b. COL	INTY		V
	b. CITY OR TOWN (if outside corporate limit	i,	c. LENGTH OF STAY IN 16		outside corporete limits, wr	ite RURAL and g	give nearest to	wn)
41	write RURAL and give nearest town)		E	D 341		2401	4	
-	Owings Mills d. NAME OF HOSPITAL OR INSTITUTION (ii	not in hos	pitel give street address)	Baltimore d. STREET ADDRESS	9	JVUI	Jan IS B	RESIDENCE
		1101 111 1103	prior, give sireer aggress;	d. officer Application			ON	A FARM?
-	Rosewood State Tr	ainir	0		ollington Ave			NO
3.	NAME OF First DECEASED		Middle	Lost	4. DATE Mon	th	Dey Yes	er
	(Typa or print) Charle	s	Edward, Jr.	NAIL	DEATH 1	2	19	62
5.	SEX 6. COLOR OR RACE	7. MARRIE		. DATE OF BIRTH	9. AGE (In yeer last birthdey			R 24 HRS.
	Male White	WIDOWE	D DIVORCED	11/6/55	6 yrs.	Months Da	iys Hours	Min.
1Da	. USUAL OCCUPATION (Give kind of work		IND OF BUSINESS OR INDUSTI	TY 11. BIRTHPLACE (County	y & State, or foreign country	y) 12. CITIZE	EN OF WHAT	COUNTRY
do	ne during most of working life, even if retired NONE	1)	none	Raltimore	e, Maryland.		U.S.	Α
13.	FATHER'S NAME		110110	1 14. MOTHER'S MAIDEN N			0.0.	A.
	Charles Edward Nail			Lilliam 1	V	3 LUM	ENST	GCH
10							214 21	
(Ye	WAS DECEASED EVER IN U.S. ARMED FOR s, no, or unkown) (Ifyesgive war or dates of se	rvice) 16.		INFORMANT	Addre			
	No			sewood Recor	ds, Owings Mi	lls, Md		
	18. CAUSE OF DEATH [Enter only one	cause per l	ine for (a), (b), end (c).]			3117575	ONSET AND	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	570	onchop,	neumo	mo		01101171110	D
	753 DUE TO	1	*	0 0 "				
	6. 101 %	100	in cross	halie				
	geve rise to immediata causa		1	4				
	(a), steting the underlying DUE TO	(00 a	ebral G	Us 9 en	2010			
	cause lest.	LOUIS COL	ITRIBUTING TO DEATH BUT NO	A STATE OF THE SERVICE	AL DISTACE COMPITION C	IVENI INI DARE S	(-) 10 WAS	ALITODEV
ON	PART II. OTHER SIGNIFICANT CONDIT	IONS CON	IKIBUTING TO DEATH BUT NO	DI KELATED TO THE TERMIN	AL DISEASE CONDITION G	IAEN IN LAKI II	PERF	ORMED?
CAI	Mike State Tolling to See						YES	NO K
CERTIFICATION	2Do. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	2Db. DES	CRIBE HOW INJURY OCCURED	. (Enter neture of injury in P	art I or Pert II of item 1B.)			
E	(IF EITHER, NOTIFY MEDICAL EXAMINER)							
CAL	2Dc. TIME OF INJURY Month, Dey, Yee	r 2Dd.		CE OF INJURY (Home, ferm,	2Df. (City or town)	(County	у)	(Steta)
MEDICAL	Hour a.m.	While et wor	1101 111110	lory, streat, office bldg., etc.)				
2	p.m. 19			2 10.0	is Days	N. 7 606	7	())
	21. I certify that (I) (this hospit				976 to		.≾, that (1)	
	saw the deceased alive off	. 2	19.6.2, and that	death occured al.		s and on the	e date state	ed above
	22a. SIGNATURE	7	- 1	ATTENDING M	ED. STAFF		1 , 22	SIGNE
	J. James J.	1	era "		RECTOR PHYS.		121/6	52
	22c. PHYSICIAN'S NAME (Type) = D A F (=	-	\ = =	22d. ADDRESS	- 1 1 5	-	0.6	
	ERNEST	4. 4	JECKO	ROSEWO	0) 1.	12.	100	
23	BURIAL, CREMATION, 235, DATE THER	EOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City,	town or county)	(State)
	BURIAL 1/24/6	2	BALTO. NE	IT. CEM.	BALTO	· , NID) .	
24	FUNERAL DIRECTOR'S SIGNATURE		ADDREAS	25a. REC'	PAY REGISTRAR 256. F	EGISTRAR'S SIG	GHATHEE	
1	Harley Ville -	2334	1 telderson	DATE 2	an 2 4 62	Children's Mr.		
	formany opening -	220	JAL	DATE				

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00210

00312		
PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admi	ssion)
Baltimore MARYLAND	Md. Baltimore	
b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town) Lodge Forest	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) Lodge Forest	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite!, give street eddress)	d. STREET ADDRESS o. IS RESIDI	
2515 Lodge Forest Drive	2515 Lodge Forest Dr. YES NC	
3. NAME OF DECEASED (Type or print) ANNA E	NANTZ. 4. DATE Month Day Year OF DEATH January 24, 19 6	2.
1. MANNEY THEY MANNEY	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 last birthdey) Months Deys Hours N	HRS.
Female White WIDOWED DIVORCED A	April 21, 1905 56 yrs.	NTPV7
House Work At Home.	Baltimore, Md. U.S.A.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
WILLIAM H. RICE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Florence C. Vollerdt.	
(Yes, no, or unkown) (If yes give wer or dates of service) No 216-20-9114	Thomas W. Nantz. Sr. Same.	
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Out TO Conditions, if eny, which gave rise to immediate ceuse (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORMING THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTO PERFORMING THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTO PERFORMING THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTO PERFORMING THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTO PERFORMING THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTO PERFORMING THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTO PERFORMING THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTO PERFORMING THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTO PERFORMING THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTO PERFORMING THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTO PERFORMING THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTO PERFORMING THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTO PERFORMING THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTO PERFORMING THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTO PERFORMING THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTO PERFORMING THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTO PERFORMING THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTO PERFORMING THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTO PERFORMING THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTO PERFORMING THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTO PERFORMING THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTO PERFORMING THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (b) 19. WAS AUTO PERFORMING THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (b) 19. WAS AUTO PERFORMING THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (b) 19. WAS AUTO PERFORMING THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (b) 19. WAS AUTO PERFORMING THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (b) 19. WAS AUTO PERFORMING THE TERMINAL DISEASE CONDITIO	OPSY ED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter neture of injury in Pert I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e. PLA Hour a.m. P.m. 19 et work et work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stet ctory, street, office bldg., etc.)	te)
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	t death occurred at 2: 45 from the causes and on the date stated at	
	M.D. PHYS. DIRECTOR PHYS.	ATE
22c. PHYSICIAN'S JOHN V. CONWAY	DST. SPARROWS POINT, MD.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BUT1al 1-27-62. Oak Lawn C	Ba.Co	.,
funeral director's Ignature 6224 Eastern Ave	DATE JAN 2 9 162 Orthun R. Hissing	

A CONTRACTOR 10198 O'SOLIG LEAD . DIL Jenno kosto The Lodge dovest up. evilor thereby empore gles E. San Asia Premiery and State of St. April 21,105 36 1718 to be a first that a small da sing wason . Comence C. Vellerit. willes H. History e.and .as .xcase .a ensore . Done.e Comme of whom Sugar. Botomal lennelson 10 12 year of 12 Jon 23 166 Bartel 1-27-62. Cak Laws Constant 7225 Eastern Blva. 15.02: Charles A. Ather College A. Ave.

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If ony delay is necessary, please execute the certification ing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. 4 shauld be farwarded to 1. A Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior for which, cremation,	executed within 24 haurs after death. If ony delay is necessary, please exellem 18. Give Pages 1, 2, and 3 to the funeral director, 4 should be form PM3. Page 5 may be retained for your files.
or removol.	7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
00313 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00310

			¥	V,	7	P	1	
Reg.	Dist.	No.				•		

1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary:	ere deceased lived. If institution, Resident b. COUNTY Ball	tina C					
b. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest lown) Dundalk	1/3	utside corparate limits, write RURAL and er Station	give nearest town)					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 206 Avondale Road	d. STREET ADDRESS 206 Avone	dale Road	e. IS RESIDENCE ON A FARM? YES NO					
3. NAME OF DECEASED (Type or print) Leon Ard Middle	ew ton	DATE Month OF DEATH January	Doy Year 13 19 62					
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. WIDOWED DIVORCED 1	April 25, 192	lost birthday)	1YEAR IF UNDER 24 HRS. Days Hours Min.					
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder Bethlehem Ship Ye		r fareign country) 12. CITIZ	U. S. A.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NA							
Frederick Newton	Barbara	McCulley						
(Yes, no, or unknown) (If yes, give war or dates of service)	enora C. Newto	on - 206 Avondale F	ld.					
PART I. DEATH WAS CAUSE (a) IMMEDIATE CAUSE (a) DUE TO Canditions, If ony, which (b) gave rise to Immediate couse (a), stating the underlying cause last. (c)	Olelu)in	ONSET AND DEATH					
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.			YES NO					
	nter nature of injury in Part l	or Part II of item 18.)						
	CE OF INJURY (Home, farm, ary, street, affice bldg., etc.)	20f. (City or town) (Cau	nty) (State)					
21. I certify that took charge of the remains described above, held an Autopsy. Inspection Inquiry and find that death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined cause .								
SIGNATURE ACCULATION OF THE SIGNATURE	_M.D. CHIEF MEDICAL EXA-		DATE SIGNED					
EXAMINER'S SACC COLLINS	DEPUTY MEDICAL EX	AMINER - /	-13-62					
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 1-16-62 22c. NAME OF CEMETERY OR REMOVAL (Specify) BURIAL 22b. DATE THEREOF REMOVAL (Specify) BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify)		2d. LOCATION (City, town, or county) Baltimore, Maryla	(State)					
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		BY REGISTRAR 24b. REGISTRAR'S SIG						
Charles R. Law 802 Madison Ave., Balbo.	, Md. DATEAN	16'62 Curius 8. 1	Trans					

S CERTIFICATE OF BEAT	
	3.
Cacherine	
Chemical temporal and the second seco	

TO HOSPITAL. TENDING PHYSICIAN: The law requires that the death certificate be executed within 2 pours after death. Page 4

JO FUNERAL DIALCTOR: After this certificate has been signed by the attending physician and completely filled

JO FUNERAL DIALCTOR: After this certificate has been signed by the attending physician and completely filled

director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should

be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A1S (4) 15M 7/61/

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1.	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Res	idence before edmission)
	BALTIMORE MARYLAND	. STATE MARYLAND b. COUNTY BAL.	timore
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end g	ive neerest town)
1	write RURAL and give nearest town) (U) A RANJAILS town Lite	XRUPAL - RANDALISTOWN	
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	Holbrook, Liberty Rd.	Holbrook Liberty Rd	ON A FARM? YES NO X
3.	NAME OF First Middle		Dey Yeer
	(Type or print) WAITER HAVILANCE	D'Dell DEATH JAN.	6, 1962
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YI	
10	MALE White WIDOWED DIVORCED 1	-eb. 14, 18/9 82 yrs.	
de	a. USUAL OCCUPATION (Give kind of work one during most of working life, even if refired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZI	EN OF WHAT COUNTRY?
1	VAULT MFa. VAULTS	MARYLAND	. S. A.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Richard O'Dell	Emily HAVILAND	
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address	
10	A C	es. VINCENT CARRY - BALTIMO	Re. MA
	18. CAUSE OF DEATH [Enter only one cayse per line for (e), (b), and (c).]	O O O	INTERVAL BEZWEEN
	PART I. DEATH WAS CAUSED BY:	11/2 milasis	ONSET AND DEATH
	IMMEDIATE CAUSE (a) CO CO	mome -	1/2 m
	DUE TO TO	A	
	Conditions, if ony, which is the College	ros	
	geve rise to immediate cause		
	(e), steting the underlying		
-	cause last. (c)		
ő	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	PERFORMED?
18			YES NO
CERTIFICATION	2Do. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter neture of injury In Pert I or Pert II of item 1B.)	
		CE OF INJURY (Home, farm, † 20f. (City or town) (County	(Stete)
MEDICAL	Hour e.m. While Not While fector	pry, street, office bldg., etc.)	(31010)
X	p.m. 19 et work et work		
	21. I certify that (I) (this hospital) attended the deceased from	1959, 10//6/62, 1962	that (I) (we) last
13	saw the deceased alive on	death occured a	date stated above,
	226. SIGNATURE		22b. DATE
	mr. 5, Marline	D PHYS. MED. STAFF DIRECTOR PHYS.	SIGNED,
	22c. PHYSICIAN'S	228.) ADDRESS / A /	1
	NAME (Type) WN (E, / HR) IN	Caudalletown, S.	rd
23		OR CREMATORY 23d. LOCATION (City, fown or county)	(State)
	BUTIAL 1-19-62 WARDS ChA	pel Cemeter BAltimore Coun-	ty - Md.
24	FUNERAL DIRECTOR'S SIGNATURE, ADDRESS	M 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	SHATURE
	Lether T. Trainer Sukerville.	1/1/1 DATE JAN 22 '62 arthur &	Kraus
1_6	() () () () () () () ()		

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORD PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) . COUNTY b. COUNTY Maryland **Baltimore** MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) Fallston 22 Days Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO X Veterans Administration Hospital 3. NAME OF 4. DATE Day Month Yeer DECEASED OF (Type or print) DEATH 18 62 OSBORNE January 19 MALLITW 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. November 18,1891 White WIDOWED T Male DIVORCED 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Grayson Co., Virginia U. S. A. Farming Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nancy Farmer Josh Osborne 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Clinical Records, VAH, Baltimore 18, Maryland (Yes, no, or unkown) | (Ifyesgivawarordatesofsarvice) Fort Howard Division 18. CAUSE OF DEATH [Enter only ona ceuse per line for (e), (b), and (c).] INTERVAL BETWEEN ONSEI AND DEATH DEATH WAS CAUSED BY: CARCINOMA OF STOMACH WITH METASTASIS IMMEDIATE CAUSE (e) DUE TO Conditions, if env. which geve rise to immediata ceuse DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Arteriosclerosis, generalized. 1. Emphysema of lungs. NO T 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Year 20a. PLACE OF INJURY (Home, ferm, (County) (Stete) 20d. INJURY OCCURRED 20f. (City or town) factory, street, office bldg., etc.) Not While Hour a.m. at work at work 21. I certify that (1x (this hospital) attended the deceased from... December 271961 to January 18, 1962, that (1x (we) last January 18 saw the deceased alive on. ..., and that death occured at....A..M, from the causes and on the date stated above. 22a. SIGNATURE ATTENDING STAFF godale m. m. a.a.a PHYS. DIRECTOR PHYS. MD 22d. ADDRESS 22c. PHYSICIAN'S JOSEPH M. MILLER. NAME (Type) 18 MD FT HOWARD DIVISION Chief, Surgical Service 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) Bel Air, Maryland /20/1962 Memorial Gardens Demetery Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Kurtz & Son Funeral Home, Jarrettsville, Md. Chaling S. Traces

funeral after filled Pages completely papers. 72 c carbon and physician remove 9 a affen physician. þ Ö signed burial-transit attending has the h o certifical as o use the þ After OR: Pe O HOSPITAL death. Page 4 rector, 0 40 VR A15 (4) 15M 9/60

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Marts & Son Tulered no. 0, corresponding, tal.

TOTALD M. MALLER, M.D. Ontol.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 00316 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) g. COUNTY o. STATE h COUNTY MARYLAND Maryland Baltimore Harford b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ond give neorest town)
Towson Rural Box 252 week Joppa. Route d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON-A FARM? YES P NO T NAME OF Middle Lost 4. DATE Month Day Year DECEASED DEATH (Type or print) Annetta S. ages Pearce Jan. 62 19 Ę 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Dovs Hours DIVORCED WIDOWED | Mar.13, 1889 white female 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Waitress Restaurant U.S.A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frederick Wetzel Louisa Wise IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) 216-20-0643 Maryland Harry W. Pearce Joppa 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: ARDIO RESP FAILURE 15 MIN DUE TO ARTERIO SCLEROTIC C.U. DISEASE permit. Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoling the underlying couse lost. ond PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION PERFORMED? YES NO TO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 11 of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour a. ft. While foctory, street, office bldg., etc.) Not while of work of work PEC 1960 that I last saw the deceased 21. I certify that I attended the deceased fram._ DEC and that death accurred at 2:450 M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL Franklin PHYSICIAN'S NAME (Type) 401 Franklin Harvey P. Sidwel Maryland. Bel Air 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify)

Cokeshury Memorial

Abingdon Maryland.

ADDRESS

Abingdon Harford

24b. REGISTRAR'S SIGNATURE

arthur & Kenis

24a. REC'D BY REGISTRAR

Marvland

10

15M 9/55

Burial

FUNERAL DIRECTOR'S SIGNATURE & SON

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	61.06 18.2		ALC: NO.
A Company of the Co.		in the state of th	ANT SAME

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

0001	Item Ic Ri	Im G305 1/	16/62 iwk	
1. PLACE OF DEATH Spring Grov	e State Hospita	b. USUAL RESIDENCE	CE (Whara daceesed livad, If institution:	Residenca before edmission
Baltimore	MARYLAND	•. STATE Maryl	b. COUNTY	
	G LENGTH OF AY IN 16	c. CITY OR TOWN (I	f outside corporete limits, write RURAL a	
b. CfTY OR TOWN (if oulside corporale limits, write RURAL and give nearest town) Catonsville 28	8 yrs. 7 mos		cimore io	3 vo1. +
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	ospitel, give street eddress)	d. STREET ADDRESS	η	e. IS RESIDENC
Spring Grove State Ho	The state of the s	2818	N. Calvert Street	
3. NAME OF DECEASED (Type or print) Kathleen	M.	Penney	OF January 6,	Dey Year 62
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED 1 8	. DATE OF BIRTH	9. AGE (In years IF UNDER	
Female White WIDOW		May 29, 1882	last highday) Months	Deys Hours Min.
10a. USUAL OCCUPATION (Giva kind of work 10b.	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	ty & State, or fore gn country) 12. C	ITIZEN OF WHAT COUNTR
done during most of working life, even if retired) Housewife		New	York State	U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN		0.0.
Angus R. Grant			McCray	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
(Yes, no, or unkown) (Ifyesglvewerordetesofservice)	none	Records: Spr	ring Grove State Ho	spital
18. CAUSE OF DEATH [Enter only one ceuse per	line for (e), (b), end (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:				ONSET AND DEATH
IMMEDIATE CAUSE (a)	Arteriosc.	Lerotic gangi	rene right leg	
LL DUE TO				
Conditions, of any, which (b)	Generalized art	teriosclerosi	S	
geva rise to Immadiete ceuse				
(a), steting the underlying DUE TO				
cause lest. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PA	PERFORMED?
200. ACCIDENT WAS UNDERLYING 1 206. DE	SCRIBE HOW INJURY OCCURED	(Enter nature of injury In I	Part I or Part II of item 18.)	
	SCRIPT HOW HOOK! OCCURE	. (2.110. 110.210 01 11.110.1)		
20c. TIME OF INJURY Month, Day, Yeer 20d White Month Power 19 at we		CE OF INJURY (Home, ferm		ounty) (Stete)
Hour e.m. Whi	IN THINE	ory, street, office bldg., etc.	1	
		1/12/12	1/6/62	
21. I certify that (I) (this hospital) atte		/ /	/ /	9, that (I) (we) la
saw the deceased alive onJan.	61962, and that	death occured at]]	P.M. from the causes and on	the date stated abov
22e. SIGNATURE	200	DIIVe T	MED. STAFF	22b. DATE SIGNI
1830 7 . Was	ages "	D. PHYS. D	DIRECTOR PHYS.	1-02
22c. PHYSICIAN'S MAME (Type) JOSE R.	ARIZAGA, HA	SPRIN	6 GROVE STATE	HOSP.
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or cou	nty) (State)
BURIAL 1-10-62	Moreland Memo	orial Cem.	Taylor Avenue, B	alto.Co
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC	C'D BY REGISTRAR 256. REGISTRAR'S	SIGNATURE
Wm. C ok, Inc., 1217 St. Pa	aul Street Zo:	ne 2 DATE	JAN 9 '62 arthur	8. King

funeral the 12 and TO HOS

L C At DING PHYSICIAN: The law requires that the death certificate by the hospital or attending physician.

JO FUNERAL LTECTOR: After this certificate has been signed by the attending physician and completely filled it director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after 15M 9/60

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246 REGISTRAR'S SIGNATURE

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23. FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH** AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00319 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare decaasad lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Baltimore MARYLAND Maryland Baltimore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Glen Arm life d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) e. IS RESIDENCE ON A FARM? YES NO Last Box Box. 62, Glen Arm, 3. NAME OF DATE Month Yeer DECEASED (Type or print) DEATH 19 62 George Yellott

6. COLOR OR RACE 7. MARRIED NEVER MARRIED January AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX last birthdey) Months Hours White Male Jan. 16.1892 WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & Stete, or foreign country) done during most of working life, even if retired) Carpenter Retired Carp Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Augustus Piper Mamie Monroe 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or detes of service) No Mrs. Thelma Glen Arm Mary land 1B. CAUSE OF DEATH Enter only one cause per for (e), (b), end (c). I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to immediate causa DUE TO (a), steting the underlying ceuse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED WAS AUTOPSY PERFORMED? NO A YES 2Da. ACCIDENT WAS UNDERLYING T 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Stete) (County) fectory, street, office bldg., etc.) While Not While Hour a.m. et work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from ... saw the deceased alive on... 22b. DATE ATTENDING MED STAFF SIGNED PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Ty

23c. NAME OF CEMETERY OR CREMATORY

Cemetery

York Rd . DATE JAN 1 0 62

Waugh

& Sons Co 4905

Balt. 12, Md.

23d. LOCATION (City, town or county)

Baltimore County, Maryland

Without S. Thates

Contract & Pourse

funeral after Pages paper comple withi carbon pue event, physician remove please attending removal attending physician. burial-transit has the 0 certificate 98 use prior à page FUNE Filed w death. directo 15M 9/60

CERTIFICATION

23a. BURIAL, CREMATION, | 23b. DATE THEREOF

Jenkins

REMOVAL (Specify)

24 FUNERAL DIRECTOR'S SIGNATURE

Burial

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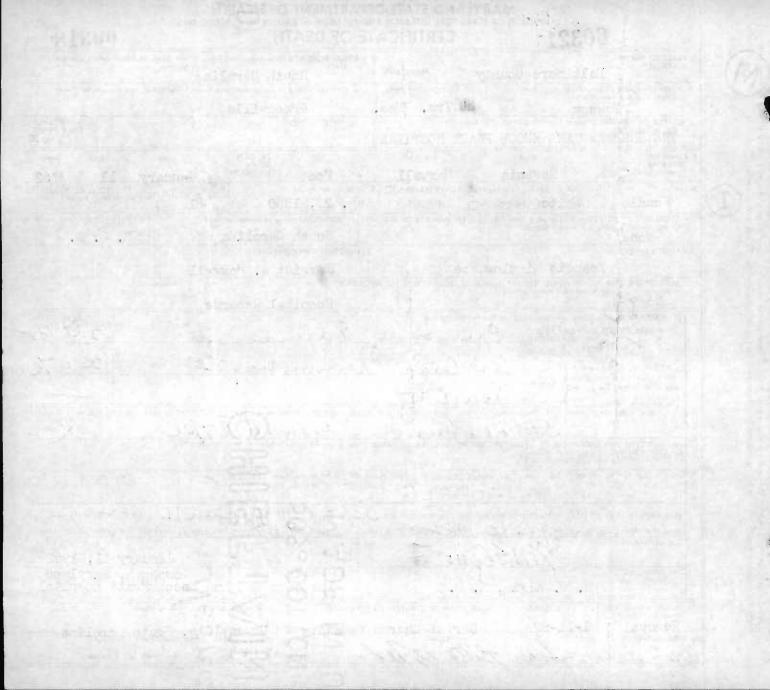
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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00318

		PLACE OF DEATH a. COUNTY	Baltimore	Coun	ty	MARYLAN	- 11	o. STATE Sout	there decease	b. COUNT		ence befo	are admission)
	Ŀ	RURAL and give ne		nits, write	4.4	TH OF STAY IN		c. CITY OR TOWN (IF			RURAL and	give ne	arest town)
	_		owson		44	Yrs. 7Mc	os.		nville	3	7	7X	3
5		THE SHEP	PARD AND E	NOCH	PRATT	HOSPITA	AL	d. STREET ADDRESS					e. IS RESIDENCE ON A FARM? YES NO
	I	NAME OF DECEASED Type or print)		irst		Middle		Last	4. DATE OF DEATH		inth	Do	
	5. 5	***		enia		Maxwell	- 0	Poe	DEATH	Jani	-	I VEAD	1962 IF UNDER 24 HR
)	J. J	Female	6. COLOR OR RACE White	WIDOW		DIVORCED		ug. 28, 188	80	9. AGE (In years last birthday) 81 yrs	Manths		Haurs Min.
	10a.	USUAL OCCUPATIO	ON (Give kind af wark	dane 10b.	KIND OF	BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (State	e ar foreign c	country)	12. CI	TIZEN O	F WHAT COUNTRY
		None	ang me, even il rente	0)				South C	arolin	a	I	J. S.	Α.
	13.	FATHER'S NAME		-			1	4. MOTHER'S MAIDEN	NAME				
Í			Francis W					Harriet	A. Ma	xwell	9.4		
			R IN U. S. ARMED FO (If yes, give war or dates of		SOCIAL S	ECURITY NO.	7. INFO	RMANT		Ad	dress		
		No						Hospita	1 Reco	rds			
			TH [Enter only one of TH WAS CAUSED BY: IMMEDIATE CAUSE (6	ne far (a),	(b), and (c).]	~	Edem	a -			INT ON:	ERVAL BETWEEN
		Canditions, if or		o Co	re l	gral	5	emon	hor 4	e-			2 wk
		gave rise to it cause (a), stating lying cause last.		5.	eri	lity			1				
,	CERTIFICATION	PART II. OTH	TER SIGNIFICANT COL	lig	CONTRIBU	men q	BUT NO	or RELATED TO THE TERM	MINAL DISEAS	ECONDITION G	VEN IN PA	(RT 1(a) 1	PERFORMED?
į	T. 1	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b (7ES	CRIBE HO	W INJURY OCCI	JRRED. (I	Enter nature af injury in	Part I ar Par	rt II of Nem 1B.)			
	MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Yo	20d. I While at war		while	PLACE factory	OF INJURY (Hame, far , street, affice bldg., et	m, 20f. (City	y ar tawn)		(County)	(State
Š		21. I certify that	t (1) (this haspite	il) attend		10		1	930 to	Jan 11			iat (I) (we) la
		22a. SIGNATURE	and drive diract	WE	Pour	N and Inc	M.D	ATTENDING A	AED.				stated abave 22b. DATE \$15NE
		22c. PHYSICIAN'S NAME (Type)	W. W. E	gin,	M. D	•	WI.D	22d. ADDRESS			son L	, Ma	ryland
	23a.	BURIAL, CREMATIO REMOVAL (Specify)		OF		ME OF CEMETER			1000	TION (City, tawn,	ar county)	(State)
	24. 1	Removal	S SIGNATURE			ist Chui	rch	Ceme tery	Green	TRAR 256 REG	outh ISTRAR'S	COATS	Rina
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	00322		CERTIFICA	ATE OF DEATI			Reg. Dist. N	0.	213
o. COUNTY	Baltimo:	re	MARYLAND	2. USUAL RESIDENCE (W. Maryland	here deceased live	d. If institution b. COUNTYB	Residence bef	ore admission	on)
b. CITY OR TO	OWN (If outside corporate lim give nearest town)	its, write c. LENC	GTH OF STAY IN 16	c. CITY OR TOWN (IF					
d. NAME OF OR INSTITU	HOSPITAL (If not in hospital, ITION Power)			d. STREET ADDRESS Powers	AV			o. IS RESI	FARM?
3. NAME OF DECEASED (Type or print)	SYLVE		Middle	POLLÖCK	4. DATE OF DEATH	Jan.	î		eor 62
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED TO NUMBER OF THE PROPERTY OF THE PR	DIVORCED	8. DATE OF BIRTH NOV. 2,189	1 1-	and the state of t	F UNDER 1 YEA Months Doys	R IF UNDER	R 24 HRS. Min.
during most	UPATION (Give kind of work of working life, even if retired aborer	done 10b. KIND OF	BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole Maryland		r)	U.S.		COUNTRY
13. FATHER'S NA		2		Annie Le					
15. WAS DECEAS (Yes, no. or unknown)	ED EVER IN U. S. ARMED FOR		SECURITY NO. 17.		Polloci	Addres Oe:	lla, M	d.	
Conditions gove rise	DF DEATH [Enter only one control of the control of	, Car Val	the ond (c).]	elveller f	Keak	e		TERVAL BET	
-	II. OTHER SIGNIFICANT CON		JTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CO	NDITION GIVEN	IN PART 1(o)	19. WAS A	MED?
	NT WAS UNDERLYING INTING CAUSE OF DEATH HOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HO	W INJURY OCCURRE	D. (Enter noture of injury in	Part I or Part II of	item 18.)			
Hour Hour	INJURY Month, Doy, Ye o. m. p. m. 19		while fo	ACE OF INJURY (Home, form ctory, street, office bldg., etc	20f. (City or to	own)	(County)	(Stote)
21. I certi alive an ACTUAL SIGNATURE_	fy that I attended the	deceased from		accurred at 924	M, from the	e causes and	d an the de	ate stated	

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

226. DATE THEREOF 1-5-62

22c. NAME OF CEMETERY OR CREMATORY Western Star Cem 22d. LOCATION (City, town, or county) Catonsville.

(Stote) Md.

23. FUNERAL DIRECTOR'S SIGNATURE

24a. REC'D BY REGISTRAR JAN 4 DATE

24b. REGISTRAR'S SIGNATURE Chilhun S. France

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e. IS RESIDENCE

Hours

INTERVAL BETWEEN ONSEL AND DEATH

> PERFORMED? YES NO D

> > (State)

DATE SIGNED

(Stote)

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

10325

1. PLACE OF DEATH		2. USUAL RESIDEN	ICE (Where decessed lived, If	nstitution: Residence before admission		
Baltimore	MAN DATE HAVE	e. STATE	b. COUN	TY		
b. CITY OR TOWN (if oulside corporata limits,	c. LENGTH OF STAY IN 1b					
write RURAL and give nearest lown)	r's D-	7 7		2 1/1 1/		
d. NAME OF HOSPITAL OR INSTITUTION (if not in h	51 Days	Baltimore d, STREET ADDRESS		3 VOI - 4-		
				ON A FARM?		
Veterans Administration Ho	spital Middle	1416 Ches	peake Court	YES NO TO		
DECEASED	Middle	Lasi	OF			
(Type or print) ROBERT	C	PRICE	DEATH January	3 19 62		
5. SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years lest birthdey)	Months Deys Hours Min.		
Male Negro WIDOV	VED DIVORCED A	ugust 2, 189		Months Days Hours Min.		
	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	nty & Stale, or foreign country)	12. CITIZEN OF WHAT COUNTRY		
	Hotel	Po7+imone	Momeland	U.S.A.		
13. FATHER'S NAME	Hoter	Baltimore	NAME	U.D.R.		
A						
Archibald C. Price 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1	6. SOCIAL SECURITY NO 17	Annie Sala	Address			
(Yes, no, or unkown) (Ifyes give war or detes of service)						
Yes WW-1 2	17-07-0823 Cli	n Rec VAH I	Baltimore Md -	Ft Howard Divisio		
18. CAUSE OF DEATH [Enter only one cause pe				ONSET AND DEATH		
IMMEDIATE CAUSE (a) CONG	ESTIVE HEART FA	ILURE		WEEKS		
DUE TO						
Conditions, if any, which (b) ARTE	RIOSCLEROTIC CA	RDIOVASCULAF	R DISEASE	YEARS		
geve rise to immadieta ceuse	CHOPNEUMONIA DU	E TO ERACTUE	E OF RIGHT HIP			
	-25-61	E TO PILACIOI	or ittoil itt	12 DAYS		
	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY		
Part II. OTHER SIGNIFICANT CONDITIONS CO. Parkinson's Disease, seve 20s. ACCIDENT WAS UNDERLYING X 20b. D OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				PERFORMED?		
Parkinson's Disease; seve	re; Anemia; Fos	t-Operative	Adenocarcinoma	-Rectum YES NO IX		
OR CONTRIBUTING [] CAUSE OF DEATH			ran torren a or nem ro.,			
	ipped and fell					
20c. TIME OF INJURY Month, Dey, Yeer 2D. Wh. Hour a.m. Sent. 19 67 all w	I. INJURY OCCURRED 2Da. PLA	CE OF INJURY (Home, fer ory, street, office bldg., et		(County) (State)		
p.m. Sept. 1961 al w		ome	Baltimore	Marvland		
21. I certify that XX (this hospital) atte						
saw the deceased alive on Jan. 3,	1062 and that	death occured at	n M from the causes	and on the date stated above		
22a. SIGNATURE /	17 MH, and mai	dealli occurda ai	Ligary Hom me causes	22b. DATE		
1. 1. 7 1		ATTENDING PHYS.	MED. STAFF PHYS. T	SIGNEL		
22c. PHYSICIAN'S	7 mg M	.D. 22d. ADDRESS	DIRECTOR PHYS.	1-3-62		
NAME (Type) Antonio A. Bul	ls. M.D.		70 363 77	II		
				Howard Division		
23a, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OK CKEMATORY	23d. LOCATION (City, tov	vn or county) (State)		
Burial 1-8-42	Baltimore Nat	ional	Baltimore	Maryland		
24 FUNERAL DIRECTOR'S SIGNATURE	1000 Brantl	ey Ave 25e. RE	JAN 5 2256. REG	GISTRAR'S SIGNATURE		
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence a. COUNTY b. COUNTY a. STATE Maryland Raltimore MARYLAND b. CITY OR TOWN (if oulside corporale limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) write RURAL end give neerest town) 14 Days Baltimore Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Veterans Administration Hospital 402 Jack Street YES NO X papers. 3 NAME OF 4. DATE Month Middle Yeer DECEASED (Type or print) DEATH 62 19 PUTSCHKY January .TOHN and con within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) | Months | White WIDOWED X DIVORCED October 23,1917 Male 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? гетоме 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Construction Brooklyn, Maryland U. S. A. Electrician 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Minnie Gast John Putschky 9 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (If yes give war or detes of service) Clonical Records, VAH, Fort Howard Division BALTIMORE 18 MD. 217-09-5511 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).] ONSET AND DEATH þ PART I. DEATH WAS CAUSED BY: 1 WEEK HEPATIC COMA signed AMMEDIATE CAUSE (a) certificate has been signer use as the burial-transit DUE TO attending YEAR LAENNEC'S CIRRHOSIS Conditions, if any, which gave rise to immediata causa DUE TO (e), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? hospital as to Operation 1/24/62: Tracheotomy BRONCHOPNEUMONIA NO X 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING for OR CONTRIBUTING CAUSE OF DEATH CTOR: After the (State) þ 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) fectory, street, office bldg., etc.) While Not While Hour a.m. et work et work 1962, to....Jan.25..., 19..62 that (N) (we) last 21. I certify that (I) (this hospital) attended the deceased from...Jan....11 saw the deceased alive on Jan. 25 19.62, and that death occured at .M. from the causes and on the date stated above. 22a. SIGNATURE ATTENDING STAFF DIRECTOR PHYS. X PHYS. FUNERAL rector, page 22d. ADDRESS 22c. PHYSICI Chief, Medical VAH BALTIMORE 18 MD FT HOWARD DIVISION Service 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOYAL (Specify) 0 5 8 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Orthur S. House 15M 9/60

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the funeral and within 24 TO HO AL C. A IDING PHYSICIAN: The law requires that the death certificate be exect within 24 death.

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	DIVISION O	F STATISTICA		RCH A	ND RECOR	DS		TON	HEAL		LTIMO	RE 1, /	MARY	LAND	
		00327		CE	RTIFICA	XI.	E OF DEAT	TH					MA	321	
	PLACE OF DEATH O. COUNTY Ba	lto			MARYLANI	D	e. STATE	ENC!			lived, If b. COUN		Residen	ce before	dmission)
	b. CITY OR TOWN (if write RURAL end	outside corporeta limi give neerest lown)	ts,	c. LENG	TH OF STAY IN	1b	e. CITY OR TOW		outside co	rporata lir	nits, write	RURAL a	nd give	naerest tow	n)
	d. NAME OF HOSPITA	AL OR INSTITUTION (f not in hosp	itel, give	street eddress)		d. STREET ADDRE								SIDENCE A FARM?
Pai	radise Nur	sing Home	18 Par	adis	e Ave		1514 Syca	mo1	re St	•				YES [NO 🗌
3.	NAME OF DECEASED (Type or print)	Mary'	Jane	Rab	idoux		Last		4. DATE OF DEAT	,	Month 27/6		Dey	Y•••	
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEV	ER MARRIED	8	. DATE OF BIRTH			9. AGE	(In yeers irthday)	IF UNDER		IF UNDER	
	F	White	WIDOWED	ZC	DIVORCED [July 1, 186	8	7 P	93	yrs.	Months	Deys	Hours	Min.
10a	ne during most of wor	ON (Give kind of work	10b. KII	ND OF BU	SINESS OR INDU	JSTR	Y 11. BIRTHPLACE (C	County	& State,	or foreign	country)	12. C	ITIZEN O	F WHAT C	OUNTRY?
		king wie, even in jenne	None				Englan	d				U	SA.		
13.	FATHER'S NAME						14. MOTHER'S MAIL	DEN N	AME						30. 1
	Unkn	own					Unknown	1							
15. (Ye	WAS DECEASED EVE	R IN U.S. ARMED FOR	CES? 16. S	SOCIAL S	ECURITY NO. 1	7. I	NFORMANT				Address				
1.0	a, no, or emounty (ii	,009170 40.01 01103013	01 1100		W	m.	T Upton L	ync	lale :	Rd. 1	Lake	Shor	e Md		
	PART I. DEATH	ta couse	H	yp h	erteh Dis lung	? ~	5116 C	ירה,	dia	1/0	ر ر	1/42	ON	SET AND I	DEATH
NO.	PART II. OTHER		TIONS CON	TRIBUTING	TO DEATH BUT	NC	T RELATED TO THE TEL	RMIN	L DISEAS	E CONDI	ION GIV	EN IN PA	RT 1(a) 1	9. WAS A	UTOPSY RMED?
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING I	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	11017 206. DESC	CRIBE HOV	W INJURY OCCU	IRED	. (Enter neture of injury		ort tor Per	S U	((2) 1B.)	s 1/40	17 Mx		NO D
MEDICAL	20c. TIME OF INJUR Hour e.m. p.m.	Month, Day, Ye	er 20d. II While	NJURY O			CE OF INJURY (Home, ory, strant, office bidg.,		20f. (C	lity or tow	n) /1 .	7/6	ounty)		(State)
	21. I certify th	at (I) (this hospi	all attend	led the	deceased fro	m.,	100	-4-1		o				hat (I) (
	saw the decease	ed alive on	126	/ds	, and 1	hat	death ofcured a	101	M, fro	om the	causes '	and on	the da	ate state	
	22a. SIGNATURE	Henl	9	10-th	m.) M	.D. ATTENDING PHYS.	ME	D. RECTOR	STA PHY			1	226	PIGNED
	22c. PHYSICIAN'S NAME (Type)	WE	E.M	16	-rath	h	22d. ADDRESS	3/	-rad	2,50	A R	7		28	
238	REMOVAL (Specify) Burial	1.30. 62			ME OF CEMETE	RY	OR CREMATORY		23d. LO		(City, to	wn or cou	nty)	9	ete)
24	FUNERAL DIRECTOR				DORESS		25a.	REC'I	BY REGI				SIGNA	TURE	
	McCully	130 E Fort	Ave	Bal	Lto 30 M	d.	DATE	JAI	130	62	Ci	retur	8. The	u.s.	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH RESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission a. COUNTY a. STATE b. COUNTY Bal timore MARYLAND Maryland b. CITY OR TOWN (if outside corporata limits, c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) deat c. LENGTH OF STAY IN 16 write RURAL and give neerest town) after Baltimore Baltimore Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREFT ADDRESS Caton Ridge Nursing Home 208 South Eutaw papers. completely 3. NAME OF Middle 4. DATE Mhin 72 DECEASED OF (Type or print) DEATH Howard Ramsev January carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR last birthday) and Male WIDOWED DIVORCED 27, YIS. Sept. physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? гетоме 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Retired-Packing Shipping Department Macon, Georgia U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please ding J. W. Ramsey Annie Dewberry 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we rordates of service) Reino E. Klippi-601 Wilson Ave- Balto. 24, Md. 18. CAUSE OF DEATH (Enter only one cause per fine for (e), (b), and (c).) PART I. DEATH WAS CAUSED BY: T purbosis IMMEDIATE CAUSE (a) DUE TO in solvetin Cardie Vose Dise Conditions, if any, which geve rise to Immadiete ceuse DUE TO (a), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY icate certifi 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH After 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) factory, street, office bldg., atc.) Not While While Hour a.m. at work et work D.M. CTOR: 1962 to 1/26, 1962, that (1) (we) last19 4.2., and that death occured at .M, from the causes and on the date stated ebove. saw the deceased alive on. 22a. SIGNATURE ATTENDING STAFF PHYS. DIRECTOR PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) EDMONDSUN director, be filed 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Burial Peters Cemetery Baltimore, Maryland

ADDRESS

e. IS RESIDENCE ON A FARM?

YES NO

IF UNDER 24 HRS.

House

ONSET AND DEATH

PERFORMED? NO

(Stete)

DATE

SIGNED

7/62

(Stata)

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Cirilway S. Thomas

VR A15 (4)

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24 FUNERAL DIRECTOR'S SIGNATURE

A CLE CONTRACTOR OF THE PARTY O 多年本。1962年19月1日 19月1日 19日

ral director, be filed with

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by they page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld

tal ar attending physician.

TO HOSP OR AT

VS A15 (4) 15M 9/5B

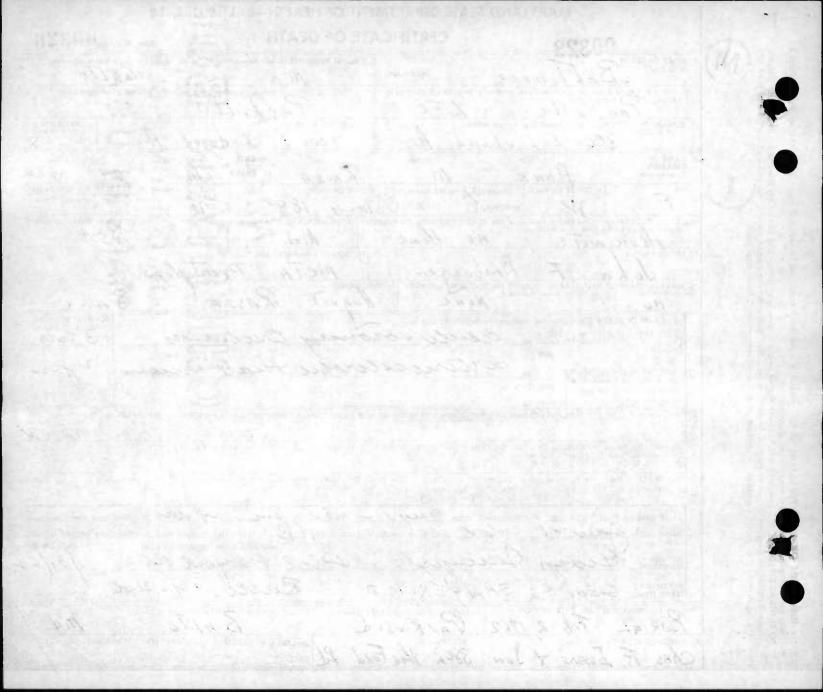
TO HOSP

the registrar prior ta burial, crematian, ar remaval, and in any event within 72 haurs after death.

PHYSICIAN: The law requires that the death certificate be executed within 2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	00320	CERTIFICA	ATE OF DEATH		Reg. Dist. No. 11326
	PLACE OF DEATH BALTIMORE	MARYLAND	2. USUAL RESIDENCE (Whe a. STATE	ere deceased lived. If institution b. COUN	ution: Residence before admission)
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	LiFE	CITY OR TOWN (IF OU	tside carporate limits, write	e RURAL and give nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 3000 E. Lind	weed Ave	d. STREET ADDRESS	Lindwood	Ave e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) First	Middle M	RASS A	4. DATE OF DEATH A	Nonth Day Year
5.	F 6. COLOR OR RACE 7. MA WIDON	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Dec 4 1885	9. AGE (In year last birthday	IF UNDER 1 YEAR IF UNDER 24 HR (1) Manths Days Haurs Min.
100	a. USUAL OCCUPATION (Give kind af wark dane 101 during most af warking life, even if retired)	AS Home	STRY 11: BIRTHPLACE (State o	r fareign cauntry)	12. CITIZEN OF WHAT COUNTRY
L	FATHÉR'S NAME F BA	Loberger	14. MOTHER'S MAIDEN NA META	PREST DE	3, 2,0
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, no. or unknown) (If yes, give wor or dates of service)	S. SOCIAL SECURITY NO.	Hug vs T	PASS A	SAME
	18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line far (a), (b), and (c).]	ronary O	relusion	INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which gave rise to immediate DUE TO	ertiriose	wrotie +	Lears Dis	iano vyra
z	couse (a), stating the under- (c) lying cause last. PART II. OTHER STGNIFICANT CONDITIONS	CONTRIBUTION TO DEATH BUT	ANOT BELLATED TO THE TERMINA	IAL DISSASS CONDITIONS	DIVISION IN PART V. 120 WAS AUTORS
CERTIFICATION					PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE			
MEDICAL	Haur a.m. Whil	f -	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	20f. (City ar tawn)	(County) (Stat
	21. I certify that I ottended the decedalive on Jacob VI 19. ACTUAL SIGNATURE	sed from engl	occurred at 1 P		That I last sow the decease and on the dote stated above the state of
220	PHYSICIAN'S GEORGE 5. REGILL, CREMATION, 22b. DATE THEREOF	PWYER, M.	R CREMATORY	22d. LOCATION (City, town	n, or county) (State)
	FUNERAL DIRECTOR'S SIGNATURE	2 ARRIVE O	4	SALTO	GISTRAR'S SIGNATURE
(Thas F. EVANS & JON	8802 HAZ F	ord Rd DATE		GISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Ras a. COUNTY MARYLAND c. CITY OR/TOWN (I outside corporata limits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 1b write RURAL end give neerest town) a. IS RESIDENCE d. NAME OF AOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) ON A FARM? YES NO papers. 3. NAME OF Year First Middle 4. DATE DECEASED OF comp DEATH (Type or print) 19 carbon 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED 7. MARRIED last birthdey) and Months Hours WIDOWER physician a 12. CITIZEN OF WHAT COUNTRY? please attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unlown) | (Ifyes givewer or detes of service) 1B. CAUSE OF DEATH [Enter only one cause per line for (e), INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) ial-transit DUE TO Conditions, if any, which peen (b) geve rise to immediate causa DUE TO (a), steting tha underlying certificate ha cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY hospital PERFORMED? Se 0 NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) for OP CONTRIBUTING CAUSE OF DEATH After 20e. PLACE OF INJURY (Home, ferm, ; 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED fectory, street, office bldg., etc.) While Not While Hour a.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from Dec. saw the deceased alive on...... ...M. from the causes and on the date stated above. 22b. DATE ATTENDING SIGNED DIRECTOR TO FUNERAL 1 director, page 3 be filed with 11 PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY (Stata) 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

STRUMBER OF STREET Michiel Philosoph Materialise a title a seal of 264 1831 June 100 10 - march 1 1831 and the second s small plan Hoyalaman All Ages Mar Clarke in the Health of the State of the

FOR STATE

- Page your files. TO DECITY MIX. (C. EXAMINER: This certificate should be executed within 24 hours after death. If delay is, please execute the Certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral dis, 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for yo TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. AISME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00331 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 001328

ſ.	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission)					
1	Baltimore MARYLAND	Maryland Baltimore					
1	b. CITY OR TOWN (if-outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
1	write RURAL end give neerest town) Lutherville 2 hrs.	X Durana I					
, -	d. NAME OF HOSPITAL OF INSTITUTION (if not in hospitel, give street address)	Ruxton 4 d. STREET ADDRESS i.e. IS RESIDENCE					
		ON A FARM?					
0	319 Broadway Rd. 3. NAME OF First Middle	Last, A., DATE, Month Dey Yesr					
	(Type or print) Edward Fallon	OF					
-		Ray DEATH Jan. 27 19 62					
)	THE THE METALLES	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Just birthdey Months Days Hours Min.					
1	Male , White WIDOWED DIVORCED	4-25-15 46 yrs. Months Days Hours					
	10a. USUAL*OCCUPATION (Give kind of work done during most of working life, even if refired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
	Truck Driver American Oil Co.	Maryland U.S.A.					
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	Edward Ray	Doris Fallon					
	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address					
	(Yes, no, or unkown) (If yesgive were or detes of service) 217~05~8251 Mr	s. Mary C.Ray, 1406 Maywood Ave., Ruxton4, Md.					
3	18. CAUSE OF DEATH [Enter only one cause per line for (e), (a) and (c).]	INTERVAL BETWEEN					
	ONSET AND DEATH						
	IMMEDIATE CAUSE (e) Coronary Occlusion 10 min.						
	DUE TO						
	Conditions, if eny, which (b)						
	geve rise to Immediate cause (e), steting the undarlying DUE TO						
	cause last. (c)						
7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY						
1	Bronchial Asthma						
)	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Part I or Part II of item 18.)						
	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.						
	none none						
	Hour e.m. While Not While fec	ory, street, office bldg., etc.)					
	p.m. none 19 af work of work none none						
	21. I certify that I took charge of the remains described above, he	ald an Autopsy . Inspection X, Inquiry X, and in my opinion					
	death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined manner						
	CHIEF MEDICAL EXAMINER						
3	ACTUAL D.D. Caples	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED					
	EXAMINER'S DEPUTY MEDICAL EXAMINER						
-	NAME (Type) D. D. Caples, M. D. 6	Hanover Rd., Reisterstown, Md. 1-29-62					
1	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	CREMATORY 22d. LOCATION (City, town, or country) (State)					
	Burial 1→30→62 Dulaney Valley	Memorial Cockeysville, Md.					
	23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE					
	Brooks Funeral Service, Inc., Towson 4, Mo	1.					
-		DATE JAN 31 '62 Colling & Krank					

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MARYLAND STATE DEPARTMENT OF HEALTH STON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 003322. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) 1. PLACE OF DEATH a. COUNTY b. COUNTY ALTIMORE MARYLAND c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest lown) b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL end give nearest town) ONSVILLE ATONSVILLE d, NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) a. IS RESIDENCE ON A FARM? HARN WOOD CHARNWOOD YES NO papers. 3. NAME OF DECEASED DEATH (Type or print) ROSALIF 196 and cor IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR last birthdey) Months Deys Hours WIDOWED IN physician e remove o 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) HOUSEKEERER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding 0 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or dates of service 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) signed DUE TO Conditions, if any, which (b) geva rise to immadiate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY 0 ÷ CERTIFICATION PERFORMED? SE 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of itam 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. et work at work CIOR: 21. I certify that (I) (this hospital) attended the deceased from Jan. 19.6.1., and that death occured a Chr.M. from the causes and on the date stated above. saw the deceased alive on... 22b. DATE 22e. SIONATURE ATTENDING STAFF DIRECTOR PHYS. PHYS. TO HOSPITAL death. Page 4 TO FUNERAL director, page be filed with t HYSICIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOE REMOVAL (Specify) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4)

15M 9/60

NO Z

(State)

SIGNED

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEA	CERTIFICA			, BALTIM	ORE 1, MA	RYLANG () (i Q :	20
PLACE OF DEATH. a. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE A. STATE Maryl		b. COUN	TY	imore	dmission)
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) Rural - Holbrook	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		rate limits, write			/n)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp Chapel Hill Convalescent		d. STREET ADDRESS 2533 Cedar	Drive	Wi F			A FARM?
3. Name of first beceased (Type or print) Mrs. Lydia Reich	Middle lin	Last	4. DATE OF DEATH	Month Janus			
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWEL		March 6, 18	372	AGE (In years last birthday) 89 yrs.	Months Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 13. FATHER'S NAME	NO DE BUSINESS OR INDUST	Switzerla	und	oreign country)	12. CITIZEN	U.S.	
Makasaa Heinrich Rebsame		14. MOTHER'S MAIDEN		Gonzen	oach		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unkown) (If yes give war or detes of service) NO 18. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	None M	r. Werner Klo	etzli,	2533 Ce Baltimo	111	erylar HERVAL BEI HISET AND 3 2	TWEEN DEATH
		Cutro la	acres 1	Disels	-	7 ys	5
PART II. OTHER SIGNIFICANT CONDITIONS CON Thank plabts f	TRIBUTING TO DEATH BUT NOT THE STATE OF THE PROPERTY OCCURE	eg			EN IN PART I(a)	19. WAS A PERFO	NO 1
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year While Hour e.m. p.m. 19	Not While fac	ACE OF INJURY (Home, farm story, street, office bldg., etc.	.)		(County)		(State)
21. I certify that (I) (this hospitel) attends	ded the deceesed from.			/1	19.6.7, and on the		

ove carbon papers. Pages I and 2 event, within 72 hours after death. ECTOR: After this certificate has been signed by the attending physician and completely filled carbon Then please remove prior to burial, cremation, or removal, 3 should be detached for use as the burial-transit permit. the hospital or attending physician. etained by death. Page 4 restrictors: TO FUNERAL INTECTOR: director, page 3 should be de be filed with the State Dept.

The law requires that the death certificate be executed within

the funeral d 2 should

Jand

Pages

M

TO HOSPITAL

VR A15 (4) 15M 7/61

24 FUNERAL DIRECTOR'S SIGNATURE

23a. BURIAL, CREMATION, 23b. DATE THEREOF

1-16-62

22e. SIGNATURI

22c. PHYSICIAN'S NAME (Type)

REMOVAL (Specify)

Burial

Mt. Olive Cemetery 8728 Polisberty Road Randallstown, Md.

23c. NAME OF CEMETERY OR CREMATORY

Schochat

ATTENDING

22d. ADDRESS

PHYS.

M.D.

DIRECTOR

Randallstown, Maryland 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

Outhur & Kraus

22b. DATE

SIGNED

23d. LOCATION (City, town or county)

PHYS.

4111 Liberty Heights Ave., Balto.

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Jadrock Jak II. . ..

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FOR STATE HEALTH DEPT. TO DEPUTY M. EXAMINER: This certificate should be executed within 24 hours after death. If any delaying please execute its serificate, writing the word "pending" in pending them 18. Give Pages 1, 2, and 3 to the funeral of or. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

00334. MEDIC	AL EXAMINER'S	CERTIFICATE OF D	EATH	00331
1. PLACE OF DEATH	s 7,0, & 7 Film		ased lived, If Institution: Resi	dence before edmission)
Balto.	MARYLAND	o. STATE	b. COUNTY	4
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpore		
write RURAL end give nearest town)		X Balto. 21	md-	
d. NAME OF HOSPITAL OR INSTITUTION (if not	in hospitat, give street eddress)	, d. STREET ADDRESS	770	. IS RESIDENCE
Holly nack Sal.	(Salto. 21			YES NO
3. NAME OF DECEASED	Middle	Last 4. DATE OF	Month D	ey Year
(Type or print)	John of	emleen DEATH	Jan. à	19 62
5. SEX 6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIEDE 8	. DATE OF BIRTH 9.	AST In years IF UNDER 1 YE	
I TOTAL TOTAL	OWED DIVORCED	Oct. 1894	(6 Pyrs. Months Dey	S Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign count	ry) 12. CITIZEN	OF WHAT COUNTRY
Handy Man		Balto.	nd. 2	1.14.
13. FATHER'S NOTHE		14. MOTHER'S MAIDEN NAME	11	2
John Gemle	en	Frederika	Joungh	on
15. WES DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyesgive werer detes of service)	16. SOCIAL SECURITY NO. 17. 1	NEORMANT	Address	1
(199) hay or allowed the great of delegation of the		Juster 810 4	unkles Jes	race)
18. CAUSE OF DEATH [Enter only one cause	per line for (e), (b), end (c)			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	-)-C-V- D1	Slase		ONSET AND DEATH
DUE TO		MINISTER OF THE SECOND		
Conditions, if any, which (b)				
geve rise to immediate cause (e), stating the underlying DUE TO				
cause lest. (c)			15.5	
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CO	NOTION GIVEN IN PART 1(e	19. WAS AUTOPSY
CATI	1			YES NO
PART II. OTHER SIGNIFICANT CONDITIONS 2Do. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DECLAR OF CONTRIBUTIONS	DESCRIBE HOW INTURY OCCUPED LE	inter neture of injury in Pert I or Pert II of ite	om 18.)	7
PRIMARY or CONTRIBUTING CAUSE OF DEATH.	/ V O N	1		
		CE OF INJURY (Home, farm, 20f. (City o	r town) (County)	(State)
Hour e.m.	While Not While fect	ory, street, office bldg., etc.)		
21. I certify that I took charge of the	remains described above, he	ld an Autopsy . Inspection	, Inquiry , a	nd in my opinion
death resulted from: Natural causes	, Accident , Suici	de , Homicide , Unde	termined manner	
max.	· ·	CHIEF MEDICAL EXAMINER		
ACTUAL SIGNATURE OF MAN	2	ASSISTANT MEDICAL EXAMINER		DATE SIGNED
EXAMINER'S M & DAG	: ha>	DEPUT MEDICAL EXAMINER	7 10 /	11-11
NAME (Type) /// J. DISV/	is in 9.	Address (Street, city, town, or bo		N1/62
22e. BURIAL, CREMATION, 22b. DATE THEREOF BEMOVAL (Specify)	22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATIO	N (City, town, or country)	Stete
Burial 1-25-6.	2 Sacred	tearl (Sa	ero.	44.
23. FUNERAL DIRECTOR	ADDRESS	BU V 0 100	R 24b. REGISTRAR'S SIGN	ATURE
John D bonnelles	718 Gastern	Cled DATE JAN 2 6 '62	Circum d. 10	Charles .

WAS TRANSPORTED BY A PROPERTY OF THE STATE O TO THE SAME OF THE PARTY OF THE (2 1335 72) Been may 250 miles 168 1 months 1 2 1 The state of the s MA SHARE STATE OF THE STATE OF

FOR STATE HEALTH DEPT

age Health, edse

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessated the certification into the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral did a should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar or its designated agent, priar to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 00335 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00332

Reg. Dist. No.

1	PLACE OF DEATH O. COUNTY BALTIMORD MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission) o. STATE ARULAND b. COUNTY b. COUNTY			
	b. CITY OR TOWN (It outside corporate limits, write RURAL ond give nearest town) NOTWOOD C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If butside corporate limits, write RURAL and give nearest town) Norwood			
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitat, give street address) 6919 De LVALE PLACE	1 Jd. STREET ADDRESS 6919 DALVALA PLACA YES NO D			
3	NAME OF DECEASED (Type or print) EDITH	RICCI DEATH JANUARY 23 1962			
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In yours let birthday) FeB, 23, 1903 9. AGE (In yours let birthday) Months Days Hours Min.			
1	OD. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE OWN Home 7	TRY 11. BIRTHPLACE (Stole or foreign country) PROVIDENCE Rhode Island 14. MOTHER'S MAIDEN NAME 7			
1	Yes, no. of unknown) Ill yes, give was or dates of service)	TRS IRMA MALONG 6019 Delugla PLAC			
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse tost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED YES NO			
	Do. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLY	Enter noture of injury in Port I or Port II of item 18.) NCE OF INJURY (Home, form. 20f. (City or town) (County) (State) tory, street, office bldg., etc.)			
	21. I certify that I taak charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined monner ACTUAL				
2	BURIAL DIRECTOR'S SIGNATURE ADDRESS	PART BALTIMONO COUNTY MARYLAND			
1	LILLY + Zeiler INC 1901 EASTORN AN	PAUL DATE IAN 26'62 arthur 8. Krama			

81 JROMS HAZLIST MARKET BERMTHARMS BY STATE STATE STATE OF THE ACTION THY ARD ROLLEGAL EXAMINER IS DESCRIBED OR OF A PARTY. Employed the second sec

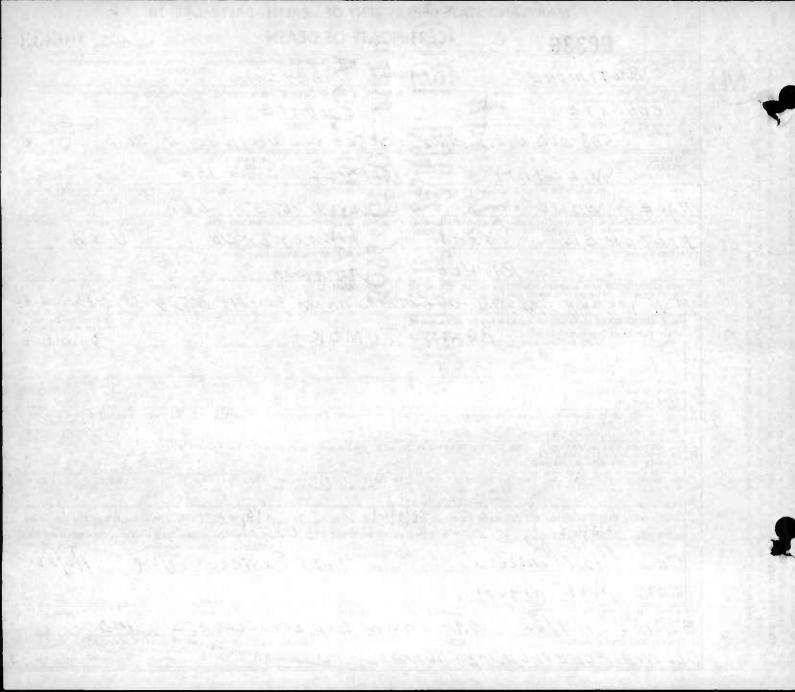
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2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00336 CERTIFICA	ATE OF DEATH Reg. Dist. No. 110333
1. PLACE OF DEATH o. COUNTY BILLTIM OSE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If autside corporate limits, write RÜRAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 508 OUD NOICTH POINT ED	508 OLD NORTH POINT ROLD ON A FARM? YES NO BY
3. NAME OF DECEASED (Type or print) WILLIAM. Middle RI	IPPEL 4. DATE Month Day Year S 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years last brithday) 1024 9, 1895 9. AGE (In years last brithday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wark done during most af warking life, even if retired) PILTER ER YEAST	STRY 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? MARY LAND USA
13. FATHER'S NAME RIPPEL	14. MOTHER'S MAIDEN NAME AMAMUA
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 11 Yes, no, or unknown) (If yes, give wer or dates of service) 5/24/18-6/19/92/15-09-6826-71	RS ANNA SMITH 6524 ST. HELEND A
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost. (b) DUE TO (c)	UMOR INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter nature of injury in Part 1 or Part II of item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 While Nat while at work at work	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.) (City or town) (County) (Stote)
21. I certify that I attended the deceased fram. 916 alive an 1562, 19, and that death ACTUAL SIGNATURE PHYSICIAN'S MAX BAUM PHYSICIAN'S MAX BAUM	accurred at 570 M, from the causes and on the date stated above. ADDRESS (Street, city or town, gate) DATE SIGNED M.D. 7472 Eastern // // // // // // // // // // // // //
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O BRANCO DAR 24 WI	R CREMATORY 22d. LOCATION (City, town, or county) (State) V CEMETERY COUGATE MD
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DLURICH FUNERBUHOME - DUNDA	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE LAS MAD. DATE JAN 1 0 '62 Cinhar S. Thank



FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

00337 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1.	1. PLACE OF DEATH •. COUNTY	2. USUAL RESIDENCE (Where deceesed lived, If Institution: Residence before edmission)						
-	Baltimore MARYLAND	o. STATE Md. Balto.						
	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)						
/	write RURAL end give neerest town) Reisterstown	X Owings Mills						
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	. d. STREET ADDRESS 0. IS RESIDENCE						
1	208 Main Street	1116 Reisterstown Road ON A FARM?						
	3. NAME OF First Middle	Last 4. DATE Month Dey Year						
	DECEASED	horte In OF						
	9	DATE OF BIRTH 19. AGE (In yeers IF UNDER 1 YEAR) IF UNDER 24 HRS.						
	7. MAKRIED A INEVER MAKRIED	lest birthdey) Months Deys Hours Min,						
-	Male White WIDOWED DIVORCED	Feb. 3, 1929 32 yrs.						
_	doe. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
	Mechanice at Bowling Alley	West Virginia USA						
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	George E. Roberts Sr.	Glayds Wade						
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 11	NFORMANT Address						
	(Yes, no, or unkown) (Ifyesglvewerordetesofservice) No No 138-22-9260 Mr	s. Helen M. Roberts Owings Mills Md.						
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	1 INTERVAL BETWEEN						
	PART I. DEATH WAS CAUSED BY: Irratanted S	Ball & automa in dent ONSET AND DEATH						
	PART I. DEATH WAS CAUSED BY: GNSET AND DEATH (autoascislent) ONSET AND DEATH (I MMEDIATE CAUSE (6))							
1	DUE TO							
	Conditions, if eny, which (b)							
	(e), stating the underlying DUE TO							
	cause lest. (c)							
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?						
	3 Trove	YES NO						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 208. EXTERNAL CAUSE WAS CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CON	nter neture of injury in Pert I or Pert II of Item 18.)						
		pole é lis car						
3		CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)						
	1:35 Jan 131962 et work of while	pry, street, office bldg., etc.) Reisterstown, Balto. and						
	21. I certify that I took charge of the remains described above, hel							
		party party party						
	death resulted from: Natural causes , Accident , Suici							
	NOTICE OF A CO	CHIEF MEDICAL EXAMINER						
	ACTUAL SIGNATURE D. D. Caples	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED						
7	PVEMINDIO	DEPUTY MEDICAL EXAMINER 🔀 /-/3-62						
1	NAME (Type) D. D. CAPLES, M.D.	Address (Street, city, town, or county)						
	226. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (Cliy, town, or country) (Stele)						
	Burial Jan.16,1962 Rose Hill	Linden, N.J.						
	23. FUNERAL DIRECTOR ADDRESS	24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE						
	J. F. Eline & Sons Reisterstown, Md.	DATE JAN 1 6 '62 Carthur S. Krous						

TO DEPUTY M.

EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please execute IIC Servincate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funerai did not Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-irransit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 7/59

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VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 00338

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed livad, If institution: Residence before admission)
BALTIMORE MARYLAND	O. STATE M.D. BALTIMORE
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
CATCNSVILLE	BALTIMORE 3VOI-4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
SHADY NOOK CONVALESCENT HOME	5546 GNYNN CAX AVE YES NO NO
3. NAME OF First Middle	Last 4. DATE Month Dey Yeer
(Type or print) CAROLINE VIRGINIA ROZ	DON'T DERTH
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Last birthday) Months Days Hours Min.
Ti WIDOWED DIVORCED	SEPT. 16, 1879 82 yrs. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE OWN HOME	MD, U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
PHINNUS GETZENDANNER	SARHH WEEKS
	INFORMANT Address Address Address
NOC NOC NONE	546 GHIVNN OAK AUE BALTO T, MD.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Con Tenor eliz	to C.V. dueno
DUE TO	
Conditions, if eny, which (b) Thermouse	
geva rise to immediate cause (a), stating the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH 10 FETHER, NOTIFY MEDICAL EXAMINER!	D. (Enter nature of injury in Pert I or Pert II of item 18.)
fa.	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While fac	
21. I certify that (I) (this hospital) attended the deceased from	June , 1961, to Jan 20, 1962 That (1) (we) last
saw the deceased alive on Jan 20 1962 and tha	r deeth occured et find, from the causes and on the date stated above.
20 SIGNATURE A	ATTENDING MED. STAFF SIGNED
De mon Laughlan	A.D. PHYS. DIRECTOR PHYS.
22c, PHYSICIAN'S NAME (Type) D. C. Magallanghian J. D.	22d. ADDRESS
NAME (Type) D. C. MacLaughlin, M.D.	4508 Edwonden Village
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CARMATORY 23d. LOCATION (City, town or county) (Steta)
BURIAL 1/23/62 NEW CATH	EDAAL BALTO, MP,
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
WITZKE, 4/01 EDMONDSON AU	E DATE JAN 23 '62 Common S. France.

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VR A1S (4) 1SM 9/59

111340 T	CERTIFICA	IE OF DEATH			104
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who	b. COL		ore admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Wilson, Maryland	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	itside corporate limits, w	11111111	ltimore 2
d. NAME OF HOSPITAL (If not in hospito), give street or institution Mt. Wilson State Hospita	-	d. STREET ADDRESS	1994/19949	\$ 11 Moine	o. IS RESIDENCE ON A FARM? MI
3. NAME OF DECEASED (Type or print) Rada	Blanch	ROBERS	4. DATE OF DEATH	Month D	Yeor 1962
S. SEX 6. COLOR OR RACE 7. MARR WIDOWS		B. DATE OF BIRTH 4/11/8	9. AGE (In) lost birthe		R IF UNDER 24 HRS. Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole of	or foreign country)	12. CITIZEN C	F WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
Silas Da	rr	Dona	EVEr	ett	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (II yes, give war or dates of service)	000000000000000000000000000000000000000	Mospital Recor	ds. Mt. Wil	Address son State 1	Hospital
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under-	Trocard.	lerotic	Heart 1	ON	TERVAL BETWEEN ISET AND DEATH JAYS 10 YVS
lying couse lost. (c)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION	N GIVEN IN PART 1(0)	19. WAS AUTOPSY
Far Advanced	Pulmo	nary Tu	bercu	10515	PERFORMED? YES NO NO
PART II. OTHER SIGNIFICANT CONDITIONS OF FOLLOwing 1200. ACCIDENT WAS UNDERLYING 1200. DESIGNIFICANT CONTRIBUTING 1200. DESIGNIFICANT CONTRIBUTION 1200. DESIGNIFICANT CONDITIONS OF CONTRIBUTION 1200. DESIGNIFICANT CONTRIBUT	CRIBE HOW INJURY OCCURRE	D. (Enter meture of injury in P			2.1
20c. TIME OF INJURY Month, Doy, Yeor 20d. If Hour o. m. While of wor	Not while for	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.		(County	(Stote)
21. I certify that (I) (this haspital) attends saw the deceased alive an	/ .	death accurred at F	M, fram the cause		hat (I) (we) last e stated abave.
220. SIGNATURE Willwarmer			D. STAFF)	22b. DATE SIGNED
	Superintendent	22d. ADDRESS Mt. Wilson	State Hosp	ital, Mt. J	Vilson, Md.
230. BURIAL, CREMATION. 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY O		23d. LOCATION (City, 1)	ld, W	(Stote)
24 FUNERAL DIRECTOR'S SIGNATURE	thereteen 9	Med: DATE DATE	BE 0 100	REGISTRAR'S SIGNATION S. The	

By Phone: 3/1/62
Res. should act

Res. should actually be monty. Co. since they have the the case.

B. City refused to accept the death as a City resident.

The City address was from a guery to the Asbury Home.

A copy will be sent to monty. Co.

175. 3/1/6 2

ATTENDING PATAICIAN OR HOSPITAL: The law requires that the death certificate be executed with a The bottom copy may be retained by the hospital or attending physician. INSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

00341

1111338 Reg. Dist. No.....

1. PLACE OF DEATH			2. USUAL RESIDE	NCE (HOME) OF DECE	ASED	
COUNTY BALTIME	ore .	MARYLAND	STATE MD	COUNTY	2 1110	ind.
CITY (Il outsida corporate limits, wr		NGTH OF STAY		porete limits, write RURAL and glv	o nearnel lown)	1137
OR end give nearest lown		(in this place)	X OR P	1111-	e heatast town)	
1 4 KVVVIII	e	207115	1 2	RKVIIIE		
HOSPITAL OR INSTITUTION OR 33/0/1	111 00	13	STREET ADDRESS . 1	(If rurel give loca	lion)	
STREET ADDRESS 210 W	111009h 84	MOAD.	3310W11	lough AL //s	22	
B. NAME OF (First)	(Middle	0)	(Last)	4 DATE (Month)	(Day)	(Year)
(Type or Print) LULA	E	ROLLI	SON	DEATH JAN	1. 3-	162
S. SEX 6. COLOR OR	7. SINGLE, MARRIED, WIDOWED, DIVORCE	8. DATE O	F BIRTH	The state of the s		NDER 24 HR
- Whele	Specify OLE	Sont	17.1904	57 yrs. Mon	iths Days Ho	ours Min.
De. USUAL OCCUPATION (Give kind of	work 10b. KIND OF	BUSINESS	11/ BIRTHPLACE (State or los		I 12. CITIZEN OF	WHAT
done during most of working life, e-	ven if OR INDU			4 4	COUNTRY?	WIIAI
HOUSEWIFE			MARY	LAND	V.S. #	
. FATHER'S NAME	- 1 1 -		14. MOTHER'S MAIDEN	NAME		-
GEORGE T	HUFRS		Note	NOLEN.		
. WAS DECEASED EVER IN U. S. ARA	MED FORCES? 16. SO	CIAL SECURITY NO.	17. INFORMANT &	AODRESS 3316	vidillauch	bu li
(es, no or unk.) (If Yes, give war or o	dates of service)	05 all 5 8	12 11	Pin	ر الم	7 11
NO	10/2ª	034750	EHRAL Y	110 44180N		4
DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH	8. MEDICAL CER	TIFICATION		INTERVAL ONSET AN	
J118	1.	hel b	m. beer		althouse a	40-
IMMEDIATE CAUSE	(A)	10	- war any		- min	
ANTECEDENT CAUSE(S)	DUE TO	Mark Din			15 5	de-
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	(B)	Ty Jucion				
STATING UNDERLYING CAUSE LAST.	DUE TO					
OTHER SIGNIFICANT CONDITIONS CO	(C)					
TO THE DEATH BUT NOT RELATED TO	THE					
DISEASE OR CONDITION CAUSING DE						
Pa. DATE OF OPERATION 1 19	b. MAJOR FINDINGS OF O	PERATION			20. AU	
					YES	
	1 21h DI ACE (Home less	n Jactoni I 2	TA WHERE DID IN IN IN INC.	103 (6)		NO [
16. ACCIDENT WAS UNDERLYING PR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Homa, Ierr OF INJURY street, office I	n, lactory, 2 oldg., etc.)	Pic. WHERE DID INJURY OCC	UR? (City or lown)		Stata)
IN. ACCIDENT WAS UNDERLYING TO RECONTRIBUTING TO CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER)	OF INJURY street, office I	RY OCCURRED	211. HOW DID INJURY OCC			
10. ACCIDENT WAS UNDERLYING TO R CONTRIBUTING TO CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER)	OF INJURY street, office I	bldg., etc.)				
1e. ACCIDENT WAS UNDERLYING R CONTRIBUTING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER) 1d. TIME OF INJURY (Month) (Day)	OF INJURY street, olfice I (Year) (Hour) 21a. INJUI While M. at work	RY OCCURRED Not while et work	211. HOW DID INJURY OCC	UR?	(County) (Stata)
16. ACCIDENT WAS UNDERLYING R CONTRIBUTING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER) 1d. TIME OF INJURY (Month) (Day) 22. I hereby certify that I a	OF INJURY street, olfice I (Year) (Hour) 21a. INJUI While M. at work attended the deceased	RY OCCURRED Not while et work from	211. HOW DID INJURY OCC	Jan - , 19 62 , 11	(County) (Stata)
In. ACCIDENT WAS UNDERLYING TO R CONTRIBUTING TO CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER IN CONTRIBUTION (Month) (Day) 2. I hereby certify that I a alive on	OF INJURY street, olfice I (Year) (Hour) 21a. INJUI While M. at work attended the deceased	RY OCCURRED Not while et work from	211. HOW DID INJURY OCC	Causes and on the date	(County) (nat I last saw the stated above.	Stata)
a. ACCIDENT WAS UNDERLYING TO ROUTE OF DEATH FITHER, NOTIFY MEDICAL EXAMINER DID. TIME OF INJURY (Month) (Day) 2. I hereby certify that I a	OF INJURY street, olfice I (Year) (Hour) 21a. INJUI While M. at work attended the deceased	RY OCCURRED Not while et work from	211. HOW DID INJURY OCC	Jan - , 19 62 , 11	(County) (Stata)
Id. ACCIDENT WAS UNDERLYING AR CONTRIBUTING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER ID. TIME OF INJURY (Month) (Day) 2. I hereby certify that I alive on Mice 17, SIGNATURE	OF INJURY street, olfice I (Year) (Hour) 21a. INJUI While M. at work attended the deceased	RY OCCURRED Not while et work from	211. HOW DID INJURY OCC	Causes and on the date	(County) (Stata)
16. ACCIDENT WAS UNDERLYING PR CONTRIBUTING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER) 1d. TIME OF INJURY (Month) (Day) 22. I hereby certify that I a alive on Alle 17 SIGNATURE SIGNATURE 3. BURIAL, CREMATION, DA	OF INJURY street, olfice I (Year) (Hour) 21a. INJUI While M. at work attended the deceased 19, and that The THEREOF N	RY OCCURRED Not while et work from death occurred at	211. HOW DID INJURY OCC. 19 7, to	Causes and on the date	(County) (nat I last saw the stated above. (e) DATE IY hele	Stata)
16. ACCIDENT WAS UNDERLYING PR CONTRIBUTING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER 1d. TIME OF INJURY (Month) (Day) 22. I hereby certify that I a alive on Alle 17 SIGNATURE JULIA 3. BURIAL, CREMATION, DA	OF INJURY street, olfice It (Year) (Hour) 21a. INJUI While M. at work attended the deceased 19, and that	AME OF CEMETERY OR	211. HOW DID INJURY OCC. 19 7, to	causes and on the date CRESS (Street, city, town, state LOCATION (City, town, or or	nat I last saw the stated above. DATE 14 Lel- County Co	decease Stata)
ie. ACCIDENT WAS UNDERLYING DER CONTRIBUTING DEAD CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER) id. TIME OF INJURY (Month) (Day) 22. I hereby certify that I alive on the salive of	OF INJURY street, olfice I (Year) (Hour) 21a. INJUI While M. at work attended the deceased 19, and that The THEREOF N	RY OCCURRED Not while et work from	211. HOW DID INJURY OCC. 19 7, to	causes and on the date oress (Street, city, town, state of Location (City, town, or call the cause of Baltimore	nat I last saw the stated above. DATE 14 Lel- County Co	decease

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	en militari en en en en el Constitución de la const		
		THE NAME OF STREET	
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

00342

CERTIFICATE OF DEATH

110339

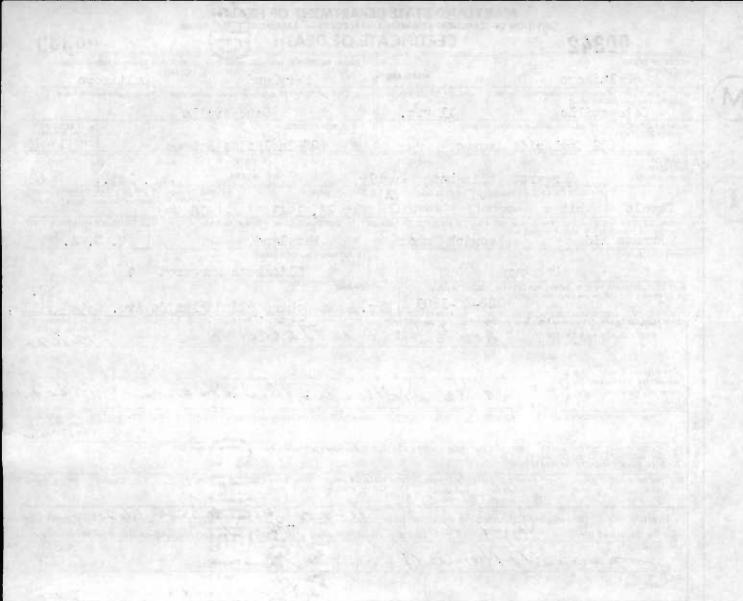
1. PLACE OF DEATH								
a. COUNTY Ba	.ltimore	MARYLAND	2. USUAL RESIDENCE a. STATE Ma.3	(Where deceased	lived. If institution b. COUNTY	Residence Balti		n)
RURAL ond give	(If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 18	c. CITY OR TOWN	(If outside corpor		JRAL and give	nearest town)	
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in haspital, give street 628 Ingleside A		d. STREET ADDRES				e. IS RESIDE ON A FA	ARM?
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF DEATH	Mont		Day Yea	ar
(Type or print) 5. SEX Female	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	nuly B. DATE OF BIRTH May 28. 19			IF UNDER 1 Y	EAR IF UNDER	24 HRS Min.
IOa. USUAL OCCUPAT	TION (Give kind of work dane 10b. orking life, even if retired)		DUSTRY 11. BIRTHPLACE (S				S. A.	UNTRY
13. FATHER'S NAME	Unknown		14. MOTHER'S MAID		Margaret	?		
IS. WAS DECEASED EV (Yes, no. or unknown)	(If yes, give war or dates of service)	20 /0 7602	INFORMANT Mrs. John Sch	nene 628	Inglesid			Md.
Conditions, if gove rise to cause (o), statin lying couse lost	g the under.		Yas as				1 744 a) 19. WAS AU PERFORN	O ZA
7								MED?
	VAS UNDERLYING 20b. DES	SCRIBE HOW INJURY OCCUR	RRED. (Enter noture of injur	y in Port I or Port	II of item 1B.)		YES 1	MED?
	IG CAUSE OF DEATH FY MEDICAL EXAMINER) URY Manth, Day, Year 20d. 1	INJURY OCCURRED 20e.	RRED. (Enter noture of injur PLACE OF INJURY (Home, factory, street, affice bldg.	form, 20f. (City		(Cou		MED?
20g. ACCIDENT VOOR CONTRIBUTING (IF EITHER, NOTIFE HOUR a. m. p. m. 21. I certify the	IG CAUSE OF DEATH FY MEDICAL EXAMINER) URY Manth, Day, Year 20d. 1	NJURY OCCURRED 20e. Nat while rk at wark ded the deceased fran	PLACE OF INJURY (Home, factory, street, affice bldg.	form, 20f. (City ., etc.)		1962	that (1) (we ate stated a	(State)
20g. ACCIDENT VOOR CONTRIBUTING (IF EITHER, NOTIFE HOUR a. m. p. m. 21. I certify the saw the december of the contribution of	CAUSE OF DEATH Y MEDICAL EXAMINER) URY Manth, Day, Year 19 at wa nat (I) (this haspital) attenuased alive an	NJURY OCCURRED 20e. Nat while rk at wark ded the deceased fran	PLACE OF INJURY (Home, factory, street, affice bldg. n// ~ Z 3 t death accurred at	form, 20f. (City, etc.)	or town) He causes and STAFF PHYS.	1962	that (1) (we ate stated a	(State) (State) abave

il director, filed with Page 4 shau PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained by the pital or attending physician.

D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 the State Baard of Health priar to burial, cremation, ar removal, and in any event, within 72 hours offer death.

TO HOSPITAL OR ATTERMOY be retained by TO FUNERAL DIRECTORS

VR A1S (4) 1SM 9/59







STREET, BALTIMORE 1, MARYLAND 00343 OF DEATH /18/62 2. USUAL RESIDENCE (Whare dacaasad livad, If institution: Rasidanca bafore admission) 1. PLACE OF DEATH a. COUNTY a, STATE b. COUNTY MARYLAND Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest townly Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, giva street address) rederick Rd-00 40 papers NAME OF DATE Middle Month DECEASED OF (Typa or print) DEATH and cor 5. SEX 9. AGE (in yeers | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last bighday) Months WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? (County & State, or legalgh country) done during most of working lifa, avan if ratired) Homemaker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) | (Ifyasgivawarordatesofservica) Mr. Gustav H. Ruppersberger-5517 Roland ALANWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immadiata causa DUF TO (a), stating tha undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY 98 2Db. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 2Df. (City or town) (County) 20c. TIME OF INJURY Month, Day, Yaar factory, straat, offica bldg., etc.) CTOR: Aft Whila Not Whila Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from 3. 1963 that (I) (we) last 6.2 and that death occured at 5:32M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATUR ATTENDING STAFF PHYS. DIRECTOR PHYS. M.D. TO HOSPITAL death. Page 4 22c. PHYSICIA 22d. ADDRESS 4812 REDERICK director, I 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify)

Loudon Park Cemetery

ADDRESS

. IS RESIDENCE

Yaar

IF UNDER 24 HRS.

PERFORMED?

(State)

SIGNED 22b. DATE

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

LAM 1 5 '62

Hours

ON A FARM? YES NO

VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE

62503 دوالي والأطمال PART AND DESCRIPTION OF THE PARTY OF THE PAR the Court of the Control of the Control of crowny Thumberry asternalists heart bearn Perso Description of March deptember 51 January 1 the Journey B. Ch selver of Hongley The contract of LOHNY SALOSK MD. GARAGEBERKARGEBELLINGERE AMPLY TO THE THE STATE OF THE S The state of the s filled

letely

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physician

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FUNERAL DIREC

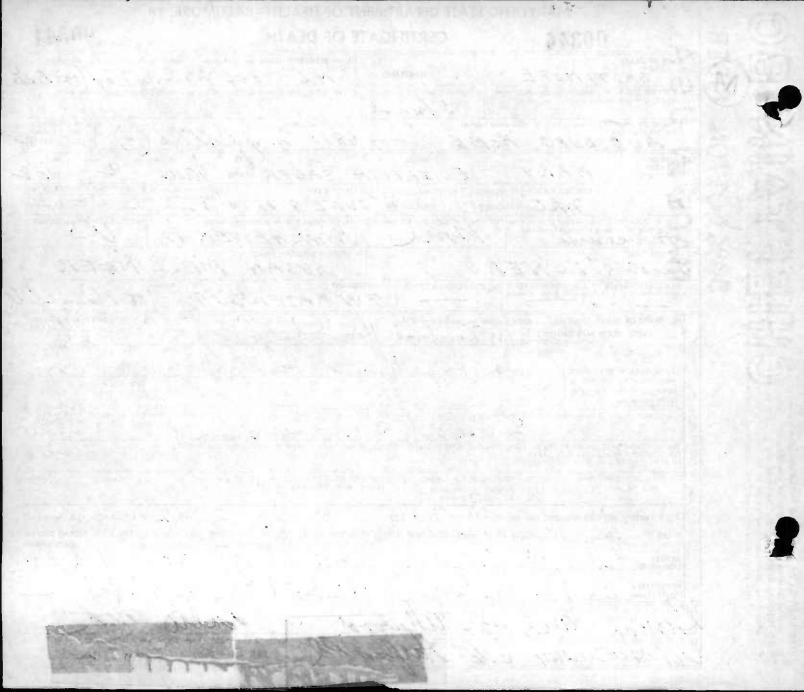
VS A1S (4) 15M 9/58

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page the re

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and c ban pe MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



may be retained the Section of attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pagers. Pages 1 and 2 shauld the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.

G PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

TO HOSPITAL OR

VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00345 CERTIFICATE OF DEATH

Reg. Dist. No. 11342

. 000.	K U				Keg. Dist. Not 1	11176
o. COUNTY			2. USUAL RESIDENCE (Wh	ere deceosed lived. If institut		Imission)
Baltim	ore	MARYLAND	9.0	land	Baltimo	re
b. CITY OR TOWN (If outside co	orporote limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, write l	RURAL and give nearest	town)
Randalist	own		X Bal	timore		
d. NAME OF HOSPITAL (If not in OR INSTITUTION	n hospitol, give street	oddress)	d. STREET ADDRESS		e. IS	RESIDENCE
	onado Rd	. Zone 7	3630 Coro	nado Rd.		S NO
NAME OF DECEASED	First	Middle	Last	4. DATE MOI OF DEATH 1/11/6	-,	Year
		SALGANIK	B DATE OF BIRTH	1/11/0	7	19
		RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Ho	ours Min.
Male Whit			Oct 13, 190		1	
 usual occupation (Give kinduring most of working life, ev 	en if retired)		JSTRY II. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WH	AT COUNTR
Salesman		Jewelery	Phila,	Pa.	USA	
I. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME		
	Salganik		Rebecca	Richmond		
5. WAS DECEASED EVER IN U. S. Yes, no, or unknown) (If yes, give w	ARMED FORCES? 16. or or dates of service)	SOCIAL SECURITY NO.	INFORMANT	Add	dress	
No	2:	17/32/7059 M	rs. Mollie	Salganik	Same	
18. CAUSE OF DEATH [Enler	only one couse per li	ne for (o), (b), ond (c).]	. 0		INTERVA	ND DEATH
PART I. DEATH WAS C	AUSED BY:	cute myora	indial ins	enclion	30	an
47 1	DUE TO	1	. 1			0
Conditions, if ony, which	, 0	turdes	tre cardion	anula de	vare 9	nez
gove rise to immediate	(b) DUE TO	7.0				
lying couse lost.						
	(c)	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GL	VEN IN PART 1(a) 19 V	AS AUTOPS
	etia me	Olilin	THO THE TENNI	THE DISERSE CONDITION OF	PI	ERFORMED?
200 ACCIDENT WAS UNDERLY	VING TO 20h DES	CRIBE HOW INJURY OCCURRI	ED /Enter nature of injury in I	Port Lor Port II of item 18.1	123	I NO
PANT TI. STHER SIGNIF 200. ACCIDENT WAS UNDERLOOF OR CONTRIBUTING CAUSE IIF EITHER, NOTIFY MEDICAL I	OF DEATH EXAMINER)	CRIBE HOW INJURY OCCURRI	ED. (Enter notice of Injury III I	roll for for a of hear is.		
20c. TIME OF INJURY Month,		L.	LACE OF INJURY (Home, form		(County)	(Stot
20c. TIME OF INJURY Month, Hour o. m.	19 While of wor	IAOI MIHIS	octory, street, office bldg., etc	'		
21. I certify that I atte	adad the decree	ad from Och	1960 to 1	1 Jan 1860	Laborate Land Court Ale	
La Do	/	2	1010	1	that I last saw th	
alive on	196	and that death	4-7	M. fram the causes at ADDRESS (Street, city or lown		DATE SIGNI
ACTUAL CO	(AL)	Dim-	MARYIN I		, siole)	DATE STOTE
SIGNATURE V	Madura	A US AL T				
PHYSICIAN'S	6512 Libe	M. D.	Baltim	iberty Road		
NAME (Type)				ore 7, Md.		
Page 120. BURIAL, CREMATION, 22b. D REMOVAL (Specify)	ATE THEREOFINGE			22d. LOCATION (City, town,	or county)	(Slote)
BURIAL 1/1	2/62	Baltimore		Baltimo		
3. FUNERAL DIRECTOR'S SIGNATU	JRE	ADDRESS	24d. REC'	D BY REGISTRAR 24b. REG	ISTRAR'S SIGNATURE	
SOL LEVINSON	& BROS TI	NC 6010 Reis	t Rd. DATE	Alt 1 / 62	Tathun O de	

Rivalina -				
Ston Siss.			8W0027.E	
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

O0346

CERTIFICATE OF DEATH

1. PLACE OF DEAT	'H			2. USUAL RES	IDENCE (When	e daceesad lived, If		dence befora	admission)
Balti	more		MARYLAND	Marv	Land		Balt	imore	
b. CITY OR TOWN write RURAL er	(if outside corporete limited give neerest town)	its,	c. LENGTH OF STAY IN 18	c. CITY OR TO	WN (If outside	corporate limits, write	e RURAL and gi	ve nearest to	wn)
	PITAL OR INSTITUTION (16 4 i- bosni	tal since stones and descrip	d. STREET ADI	sville			1 0 10 1	RESIDENCE
a. NAME OF HOSE	TIME OK INSTITUTION (it not in nospi	ital, give street eddress)	d. SIRCEI ADI	DKC33				A FARM?
403 0	lenmore Ave			403 (Glenmore	Ave.		YES	NO 🗌
3. NAME OF DECEASED	First		Middle	Last	4. DAT	TE Mont	h D	ay Yes)r
(Typa or print)	Julia		Sch	aefer	DEA	Janua	mer 3	1 19	62
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In yeers		AR IF UNDE	R 24 HRS.
Female	White	WIDOWED		July 7	1888	last birthdey)	Months Dey	rs Hours	Min.
10e. USUAL OCCUPA	TION (Give kind of world	k 10b. KIN	ID OF BUSINESS OR INDUS	1	(County & Stete	, or foreign country)	12. CITIZEN	OF WHAT	COUNTRY
dona during most of w	orking life, even if retire	d)			, , , , , , , , , , , , , , , , , , , ,				
Housew	rife			Mary.			U	.S.	
13. FATHER'S NAME				14. MOTHER'S MA	AIDEN NAME				
Her	rv Damm			R	arbara	Iager			
15. WAS DECEASED E	VER IN U.S. ARMED FOR		OCIAL SECURITY NO. 17.	INFORMANT	41.004.04	Address	s		
(Yes, no, or unkown)	(If yes give we ror dates of s	arvice)	Do	Soboefe	~ 60 PT	ing Tone N	I Willham	show A	8000
I 18 CRITER OF	DEATH [Enter only one		rate (a) (b) and (a)	ul Schaefe	r-00 pl	iss Lane,	. MTTpel	INTERVAL BE	TWEEN
	TH WAS CAUSED BY:	ceuse per iin	0 - 1	1 1	*			ONSET AND	
PARI I. DEA	IMMEDIATE CAUSE (a)	my	regratial	Inferrel	in			1 da	
141	DUE TO	2							
Company and	0 6	12. 8.		Cardio	· V	1. Xear		10.31	~ .
Conditions, if er	1201	uzun	usueurous	conary	· lace	UK2 DAG		10 %	-
(a), stating tha	DUIT TO								
cause lest.) (c)						THE RESERVE		
Z PART II. OTH	ER SIGNIFICANT CONDI	TIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISE	ASE CONDITION GIV	VEN IN PART 1(e) 19. WAS	
2									ORMED?
5								YES	NO C
OR CONTRIBUTION	YAS UNDERLYING D G D CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCUR	ED. (Enter neture of inj	ury in Part I or P	art II of item 18.)			
Z 20c. TIME OF INJ	URY Month, Dey, Ye	er 20d. IN		LACE OF INJURY (Hom		(City or town)	(County))	(Stete)
Hour e.m.		While et work	1401 1111110	actory, street, offica bld	g., etc.)				
			ed the deceased from	9-31-	10.47	10 1-31-	10 63	that (1)	() lac
saw the dece	ased alive on	1. 2.	1962, and th	at death occured	ak#20.M, 1	rom the causes	and on the		
22a. SIGNATURE	1 1	1		ATTENDING .	- MED.	STAFF		22	b. DATE
1-01	X 7	1/4	04/2	M.D. PHYS.	DIRECTOR	PHYS.		.7.1	-60
22c. PHYSICIAN'	sur light		1	22d. ADDRES	S				
NAME (Typ	Welmer 1	K. 60	Illager, M.	0. 62693	rideric	by ano, a	Balt.	28,	md
23a. BURIAL, CREMA		REOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. l	OCATION (City, to	wn or county)	(Stala)
REMOVAL (Specific Burail	2-3-1196	2	t.Pauls Chur	oh Camatam	Full Full	ton, Howa	nd Co.	Ma	
		12 D	ADDRESS OFFITE			GISTRAR 25b, RE		NATURE	
24 FUNERAL DIRECTO	K'S SIGNATURE	41	ADDKE22				Jul S. Ku		
ROBIN 1	Mac Mil	7301Fr	ederick Rd.	-28- DA	TEB 5	62 000	2. 700		
1 CMVI Y		12							

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13-0-6

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14 :00 for ook, mother process former clusters southers the

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 00347 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission o. COUNTY o. STATE b. COUNTY Filed BALTO MARYLAND MO, b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest town) CATONS VILLE d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION 900 ELMRIDGE AVE PARADISE þ NURSING HOME 3. NAME OF 4. DATE Middle DECEASED JAN 17, 1962 (Type or print) JOHN E. SCHAFFER 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months WIDOWED [DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) PUBLIC SCHOOL CUSTODIAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address ves, give wor or dates of servicel 900 ELMRIDGE AVE ottending 13-12-2265 MADELINE SCHAFFE 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to **DUE TO** ony Conditions, if ony, which gned gave rise to immediate DUE TO couse (a), stating the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED (County) foctory, street, office bldg., etc.) Hour a.m. While Not while of work of work 21. I certify that/I attended the deceased fram 19____,that I last saw the deceased alive an and that death accurred at M, fram the causes and an the date stated above. ACTUAL prior be 0 PHYSICIAN'S FUNERAL NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 20, 1962 IMMANUAL LUTHERAN BURTAL 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

e. IS RESIDENCE

ON A FARM?

YES NO

Yeor

19

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

MD.

DATE JAN 23 '62

(Stote)

0 VS A15 (4) 15M 10/57

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	EL AUGUST L		

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 00348 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 write RURAL and give neerest town after Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS hours veroneen vergreen Urive completely papers. 3. NAME OF DATE DECEASED OF (Typa or print) DEATH anuaru 9. AGE (In yaers | IF UNDER 1 YEAR carbon 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lest birthdey) pue Months WIDOWED MX 100 USUAL OCCUPATION (Give kind of work physician 12. CITIZEN OF WHAT COUNTRY? & State, or foreign country) done during most of working life, even if retired Scotland Housewig 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please aftending Mary Mc Dermott WAS DECEASED EVER IN U.S. ARMED FORCES? Address oval, (Yes, no, or unkown) | (If yes give we rordates of service Mrs. Norman Ji Wer 8225 veroreen the g physician. signed by th 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) burial-transit dio vascular da DUE TO aftending been Conditions, if eny, which geva rise to Immedieta cause DUE TO (a), stating the underlying has cause lest. certificate ha PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY hospital 98 prior 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) for OR CONTRIBUTING | CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) bedael 2Dc. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) factory, street, office bldg., etc.) While Not While et work at work MECTOR: n.m 21. I certify that (I) (this hospital) attended the deceased from 3 29 1946 to 1-20 142 that (I) (we) last saw the deceased alive on.... 22a. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. death. Page 4 M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ector, Pelij 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)/ Vak emeteru Durial

Hartord Koad

T dir VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE

DATIAN 24

258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Union 2. Thous

timore

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO

(State)

DATE

SIGNED

e. IS RESIDENCE

YES NO K

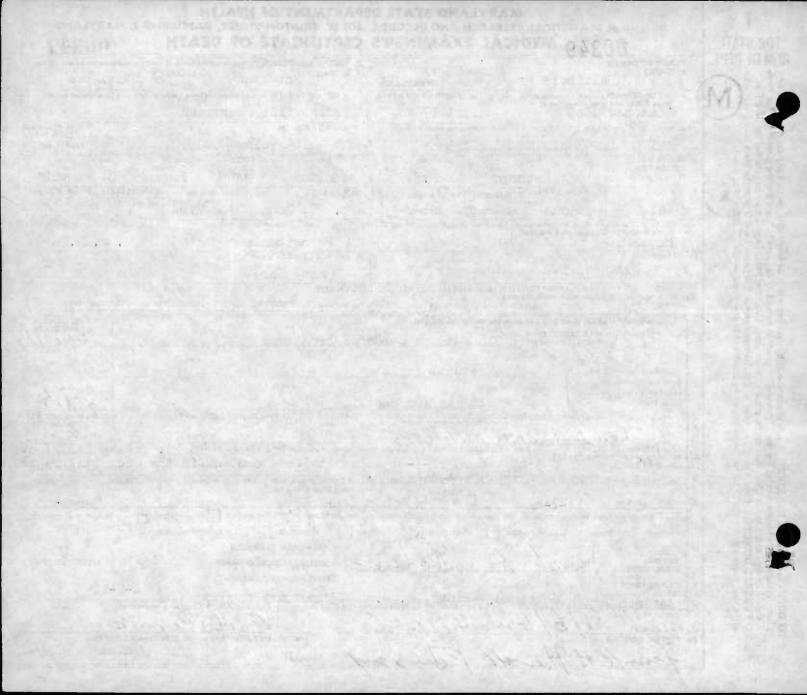
ON A FARM?

the state of the s THE RESERVE AND THE PROPERTY OF THE PARTY OF The state of the s The way of the way on a second Em J. Gers VILLER STREET Lagrana a succe 3303 may one hoad It. He some

AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY Page Health, files." e. STATE b. COUNTY Baltimore Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town) ŏ 3mthl7dys Pikesville, Maryland should be executed within 24 hours after death. It any user g" in pencil in Item 18. Give Pages 1, 2, and 3 to the tuneral of so Office along with form PM3. Page 5 may be retained for your so Office along with free Board 2, with the State Board of the Laransit permit. File pages 1 and 2, with the State Board of the solution of the second secon Catonsville Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4105 Colby Road STATE HOSP ITAL YES NO NAME OF Middle 4. DATE Month Day Yeer DECEASED Schmitt. (Type or print) Kathryn M. DEATH 1902 January 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last_birthdey) Hours whi te 1884 female WIDOWED DO DIVORCED Dec. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Pennsilvania U. S. A. housewife Office along with form PM3. burial-transit permit File page 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Nicholas Borzner Mary Yerg 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes. no. or unkown) | (If yes give were r detes of service) unknown Records: SPRING GRO VE STAIE HOSPI TAL unknown This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Old and new subdural hematomas IMMEDIATE CAUSE (e) removal, DUE TO Conditions, if eny, which Frequent falls (b) geve rise to immediate cause "pending" 60 DUE TO please executery certificate, writing the word "pending 4 should be forwarded to the Chief Medical Examiner."

O FUNERAL DIRECTOR: Page 3 should be used as or its designated agent, prior to burial, cremation, or n (e), steting the underlying Old age and senility cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIal WAS AUTOPSY CERTIFICATION PERFORMED? (CHE DIGI arteriosclerosis YES DE NO [DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS fell getting out PRIMARY OF CONTRIBUTING bed on 11-7-61 and sustained hematoma in the occipital 20e. PLACE OF INJURY (Home, ferm, : 20f. (City or lown) 20c. TIME OF INJURY Month, Dey, Yee (County) (Stete) Not While fectory, street, office bldg., etc.) et work et work hospital Catensville 28. 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection ... Inquiry 1 and in my opinion Suicide Undetermined manner death resulted from: Natural causes Accident X Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION, 226, DAT 22d. LOCATION (City, Jown, or country) (State) 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME arthur S. Kraus DALEN 4 5M 7/59

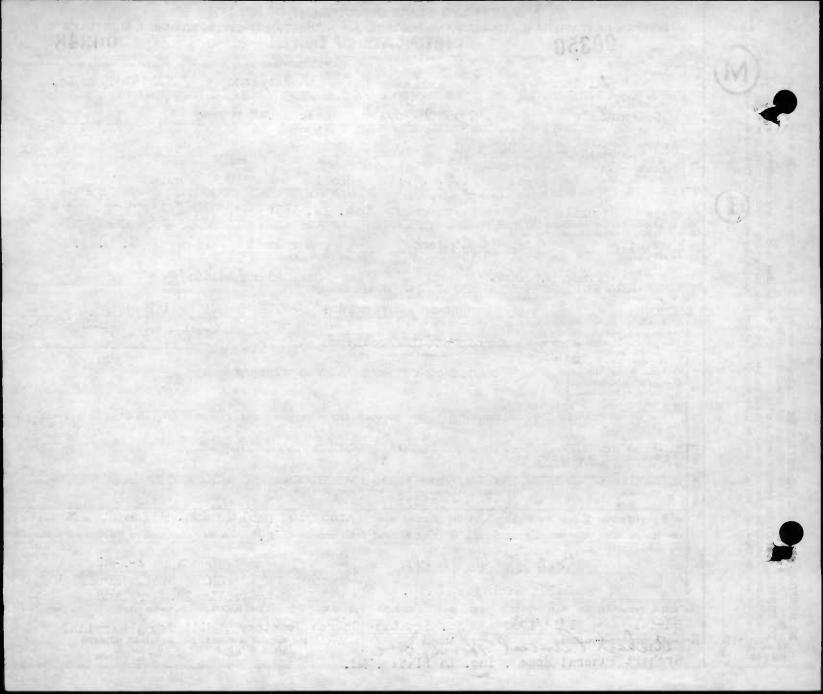
MARYLAND STATE DEPARTMENT OF HEALTH



1	MARY	LAND	STATE	DEPAR	RT/
	DIVISION OF STATISTICAL RESEA	ARCH AN	D RECOI	RDS, 301	W

MENT OF HEALTH DEATH (11)348 00350 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived, If institution, Reside a. STATE Maryland b. COUNTY Charl						
_		Baltimore	MARYLAND							
	write RURAL end	f outside corporate limits, give nearest town)	c. LENGTH OF STAY IN 1b							
	Catons		7yr9mth23dys	Welcome, Maryland	8 X '~					
	d. NAME OF HOSPIT	TAL OR INSTITUTION (if not	in hospital, give street address)	d. STREET ADDRESS	a. IS RESIDENCE					
	the to to a fer a series of the series		OSPI AL	none	YES NO					
3.	NAME OF DECEASED	First	Middle	Last 4. DATE Month Day	Year					
	(Type or print)	Maggie	(.N.M.N.)	Scott DEATH January 9	19 62					
5.	SEX	6. COLOR OR RACE 7. M	ARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR						
	emale	white with	DOWED DIVORCED	Oct. 15, 1876 last birthday) Months Days	Hours Min.					
10	. USUAL OCCUPATI	ON (Give kind of work rking life, even if retired)	Ob. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN	OF WHAT COUNTRY?					
- GC	housewife	rking life, even if refired)	At Home	Maryland U. S.	. A.					
13	FATHER'S NAME		120110	14. MOTHER'S MAIDEN NAME						
		77 77								
15		Vernon R. Sco		Mary Clara Mattingly						
		ER IN U.S. ARMED FORCES? fyesgive war or dates of service		INFORMANT Address						
3	inknown		unknown Re	ecords: SPRING GROVE STATE HOS!	PITAL					
	18. CAUSE OF D	EATH Enter only one cause	per line for (a), (b), and (c).		NTERVAL BETWEEN					
CERTIFICATION	20a. ACCIDENT WA	ate causa nderlying DUE TO (c) R SIGNIFICANT CONDITIONS AS UNDERLYING D 20b CAUSE OF DEATH	S CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) D. (Enter nature of injury in Part I or Part II of item 18.)	19. WAS AUTOPSY PERFORMED? YES NO					
MEDICAL C	20c. TIME OF INJU Hour a.m.			ACE OF INJURY (Home, farm, 20f. (City or town) (County) ctory, street, office bldg., etc.)	(State)					
			attended the deceased from		***					
		ed alive onJan.		it death occured at	22b. DATE					
6	22a. SIGNATURE	Stilla	Vaclister.	ATTENDING MED. STAFF 1-9-6: ALD. PHYS. SPRING GROVE STAFF HO.	SIGNED					
	NAME (Type)	Stella Wa	chsler, M. D.	Gatonsville 28, Maryland						
23	BURIAL, CREMATI REMOVAL (Specify)	ON, 236. DATE THEREOF	23c. NAME OF CEMETERY 2 St. Ignatiu	or CREMATORY 23d. LOCATION (City, fown or county) s Church Cemetery, Hill Top, Mar	(State) yland					
24	Arehart F	uneral Home	ADDRESS Dre	JAN 1 6 '62 Cuthur S. House	ATURE					
				A						



AARYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH**

e. 15 RESIDENCE ON A FARM?

YES NO

2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) (unknown)

Manor Nursing Home

AGE (In years | IF UNDER 1 YEAR *IF UNDER 24 HRS.*

(County)

(State)

SIGNED

1-15-62

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

INTERVAL BETWEEN ONSET AND DEATH 4 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY PERFORMED? NO T

Jan. 14, 1962, that (1) (we) last 131967 and that death occured at 1.4.M, from the causes and on the date stated above. 22b. DATE

23d. LOCATION (City, town or county) (Stata)

Raltimore, Maryland 250. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE

DATE arthur & Kours

certificate

The Market State of the State o was comit fair - TELET - 5716 II Tameonial Las during michigal .2 od-tented Berry . My and the second second second second AND TO THE PERSON OF THE PERSO The same of the country of the same of the same of The second secon

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00350 CERTIFICATE OF DEATH 00352 1/31/60

M.	- PRIVE			14				
		NAME OF DECE		TNE A	CLARK SHEE	POTEV	1/20/6	52
1	2 0	LACE OF F	DEATH IN BALTIMOR			4. USUAL RESIDENCE	Where deceased lived. If institution	on: residence before admission)
	3. 1	LACE OF E	10) 13 1	,	7 majore	A. STATE	B. COUNTY	163- 11
	F	ULL NAME OF	(IF NOT IN HOSPITAL OF INST	THUTION, GIVE STR	eer y	Maryland		01
	- 1	NSTITUTION	ADDRESS OR LOCATION)			c. CITY OR TOWN	111 - 0	nits, write RURAL and give township)
		1	Mery Villa			Baltimor	re 26/. 18, Md.	
						D. STREET ADDRESS	512 Woodmont rupl	give location)
			Bellona Ave	nue			/YYa/6800/BeY	
1	5. \$	EX	6. COLOR OR RACE		MARRIED, D, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours
	Fe	emale	White	Wido		9/18/1880		Months Days Hours Min.
	10.	A USUAL Of	CCUPATION (Give kind of most of working life, even	10s. KIND C	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	if re	none		14	_	Baltimor	ce, Md.	
	13.	FATHER'S NAT	VIE /			14. MOTHER'S MAIDEN	NAME	
	_	THE	OHAS (L	ARK		TACHE	RINE NOR.	TON -
			Ever In U. S. Armed Forces	(16. SOCIAL SECURITY NO.	17. INFORMANT	7/80	ADDRESS
		no or unknown	(If yes, give wor or date	is of service)	SECORIT NO.	Mar T NI E	1ynn-5516 Woo	admont Ave 12
		10	-		- 0411		TAUL-TICC-MOC	INTERVAL BETWEEN
		18.	1	(1	CAU	SE OF DEATH		ONSET AND DEATH
			E OR CONDITION DIR	ECTLY	Bro	oncho pneumoni	а	L days
		(This does n	not meon the mode of d , osthenia, etc. It meons the complication which couse	ying, e.g.,	DUE TO			
		injury or c	omplication which couse	d deoth.)	Λ	tami agamati a	cardio vascular	5 years
			ANTECEDENT CAUSES		(D)	disease	cardio vascular	7 7 6 6 7 6
			OR CONDITIONS, IF AN IE ABOVE CAUSE (A) STA		DUE TO	uisease		
	Z	UNDERLYIN	NG CONDITION LAST.		(C)			
	CERTIFICATION		II					
	2		FICANT CONDITIONS CON					
			DEATH BUT NOT RELATED TO THE PROPERTY OF THE P	TED TO THE				
	8	IF OPERATION	N WAS RELATED TO	9A. DATE OF	PERATION -	198. CONDITION FOR WHI WAS PERFORMED	CH OPERATION	20. AUTOPSY?
	_1	CAUSE OF DE	EATH, ENTER IN			WAS PERFORMED		YES NO
								19 <u>61</u> to
		lanı	ary 19,	19 62	that (1) (XAME) lost so	aw the deceased alive	on January 18,	19_62_
		ond that	in (my) (gox) opinion	death occur	red at 6:001	m., from the couses	and on the date stated a	bove.
		23A. SIGNATI	URE hil	ip NO	Hunn !	238. ADDRESS		23c. DATE SIGNED
		ATTENDING	PHYS. MED. DIRECTOR	☐ STAFF PH	M. D.	11 E. Chase	Street	1-22-62
-	24/ REA	. BURIAL, CRE	EMATION, 248. DATE	24c. N	AME OF CEMETERY OR CI	REMATORY	24b. LOCATION (City, to	own, or county) (State)
		Buria	1 1/23/	62 (Cathedral (Cemeterv	Balto, City	
	25/	. DATE REC'D	JAN 23 DERIZ		OF REGISTRAR	2Sc. FUNERAL DIR	ECTOR	ADDRESS
			AWII FA OF	Carrier St.	· Preference	WIEDEFE	LD & SON-Gree	nmount & 22nd

death. Page has retained by the hospital or attending physician.

TO FUNERITY OF Tretained by the hospital or attending physician.

TO FUNERITY DIRECTOR: After this certificate has been signed by the attending physician and completely fill an by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after death. VR A15 (4) 15M 7/61

The law requires that the death certificate be executed withi

1		TE OF DEATH
)	1. PLACE OF DEATH Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE A. b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cockeysrille 13n.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Yh d. Masonic Home	d. STREET ADDRESS 4315-Spring dale Avenue e. IS RESIDEN ON A FARI YES NO
	3. NAME OF DECEASED (Type or print) Norman Ccil	Short OF January 6 196
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 29, 1895 9. AGE (In years of the print o
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIES OF I	
-	13. FATHER'S NAME James Short	14. MOTHER'S MAIDEN NAME Sarah Watson
1	(Yet no or unbown) . If we also were a data of sension)	PRESONIE HOME Resonds - Cockeysville,

	18. CAUSE OF DEATH [Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Pilateral bubncho freumonia	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which (b)	ulmonery edemou - emphysema	64.
	gove rise to immediate	Interiosclenotic conditionscular diserse	years.
NOL	PART II. OTHER SIGNIFICANT CONDITION	ns <u>contributing to death</u> but not related to the terminal disease condition given in P.	ART 1(a) 19. WAS AUTOPSY PERFORMED?

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.)

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m While Not while of work of work p. m.

YES NO

(Stote)

196 2 that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram 1962, and that death accurred at 2P.M. fram the causes and an the date stated above. saw the deceased alive an 1211 ATE SIGNED 62

220. SIGNATURE	228	5.0
Elizabeth Botherul M.D.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D	01
22c. PHYSICIAN'S -	22d. ADDRESS	7

101	12abeth 10,5	nerrill	MD.	Cocke	4501	1/2	,) / ld.
23g. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF	23c. NAME OF CEM	ETERY OR CREMA	TORY	23d. LOCATI	ON (City, to	wn, or county)

Druid Ridge Cemetery Pikesville 8 Md
ADDRESS 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE Wm. Cook, Inc, ,1217 St. Paul Street, Baltimore DATE JAN 9 arthur & Kenny

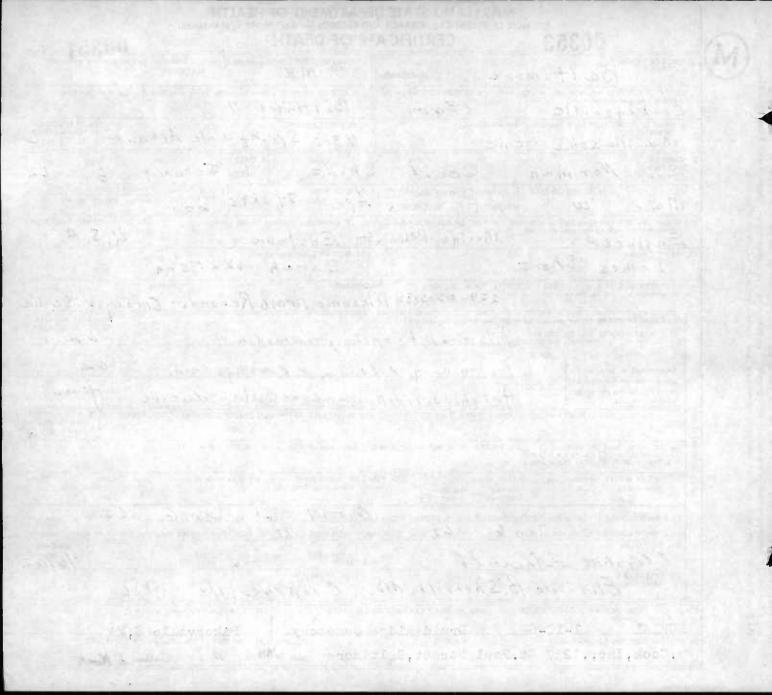
PHYSICIAN: The low requires that the death certificate be executed within 24 haurs oft physician and campletely filled emave carbon papers. Pages 1 event, within 72 haurs after death remove the attending Then please ond in any þ Aspital or attending physician.

After this certificate has been signed by ned for use as the burial-transit permit. detached for use TO HOSPITAL OR

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to burial, cremation, or remaval, TO FUNERAL DIRECTORY After the page 3 shauld be detached for the State Board of Health prior

VR A15 (4) 15M 9/S9



TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH pinous PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY ery tillec of the fasts. Pages and 2 si hours after death. BALTOMORE MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town HAGERSTOWN OWINGS 7 MONTHS IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital. ON A FARM? YES NO T SEWOOD NAME OF DECEASED OF (Typa or print) DEATH 1962 IF UNDER 24 HRS. 5. SEX 7. MARRIED NEVER MARRIED 3 8. DATE AGE (In years | IF UNDER 1 YEAR last birthday) Hours physician 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work or foraign country) done during most of working life, even if ratirad) NONE WASHINGTON 13. FATHER'S NAME please aftending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) | (Ifyasgivawarordatasofsarvica HOSPITAL ng physician. Do permit. 18. CAUSE OF DEATH [Entar only one causa per lina for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thekmon burial-transit DUE TO attending Conditions, if any, which has been (b) gave risa to Immadiata causa DUE TO (a), stating the undarlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate PERFORMED? NO V 208. DESCRIBE HOW INJURY OCCURED (Enter reduce of injury in Part I or Part II of item 18.) use prior 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 201. (City or lown) (County) 20c. TIME OF INJURY Month, Day, Year factory, streat, offica bldg., etc.) Whila Not Whila at work at work KECTOR: 21. I certify that (1) (this hospital) attended the deceased from May 4, ,, to Jan 22 , 1962, that (1) (we) last 1967, and that death occurred at 2 PM, from the causes and on the date stated above. saw the deceased alive on..... DATE 22a. SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR death. Pay. 22c. PHYSICIAN'S NAME (Type) TO FUNE director, p (Stata) 23a. 8URIAL, CREMATION, | 23b. REMOYAL (Spacify) REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

Votable Votable C.verances () FORETO DOLLE White Eta Bath SWINES THE Kasas of London Driefted August The Company Martin N Buran SERVI DELLE VICES Wulled Enlarge Saletan Harris C. Harris and the second of the second o 225. A primary stars to my 250 The Sure of the Su are provident and the second Burnel Mayler throng sanday ingerasting with Les Tellines Veneral Chapel Hagerelling

physician remove please 2 attending and Then physician. permit. signed by burial-transit affending has been burial. the 0 certificate hospital SE 0 use prior After this c detached for RECTOR: After page with t HOSPITA eath. Page FUNERA

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and 2 death.

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23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial

23c NAME OF CEMETERY OR CREMATORY

PHYS.

22d. ADDRESS

VAH. Balto. 18 Md., Ft Howard Division 23d. LOCATION (City, lown or county)

Baltimore 28, Maryland

PHYS.

Baltimore National 24 FUNERAL DIRECTOR'S SIGNATURE.

FREDERICK S. DONALDSON, M.D.

25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATAN 9

DIRECTOR

winns & Thomas

. IS RESIDENCE ON A FARM?

YES NO

62

Year

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

12 Days

UNKNOWN

UNKNOWN

19. WAS AUTOPSY

YES X NO

PERFORMED?

(Steta)

22b. DATE SIGNED

Days

U.S.A.

IF UNDER 24 HRS.

ELROY O. WIISON

1000 Brantley Ave. Baltimore, Md.

VR A15 (4) 15M 9/60

Personal best II MAN TO LONG DESCRIPTION AND ADMINISTRATION OF PROPERTY. CALLER WITH THE PARTY OF THE PARTY OF de vous est la la company de l THE RESERVE OF THE PARTY OF THE Principle for the reputation of the country of the first of the country of the co

2000 Projector Ave.

LESSE O. WELLSON

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10354

CERTIFICATE OF DEATH CERTIFICATE OF DEATH 00356

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where		Residence bafore admission)		
Baltimore	a. STAT Maryland b. COUNTY					
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside c	orporata limits, writa RURAL a	nd give nearest lown)		
write RURAL and give nearest town) Fort Howard	569	Baltimore	2 3	VO1-4		
d. NAME OF HOSPITAL OR INSTITUTION (if no		d. STREET ADDRESS	U10241 - 11 -	e. IS RESIDENCE ON A FARM?		
Veterans Administration	Hospital	723 Harford	Avenue	YES NO NO		
3. NAME OF WILLIAM	Middle	Last 4. DAT		Day Year		
(Type or print) (ALSO WILLE		SMITH OF DEA	TH January	20 19 62		
5. SEX 6. COLOR OR RACE 7.	AARRIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years IF UNDER	1 YEAR IF UNDER 24 HRS.		
Male Negro w	DOWED DIVORCED	April 25, 1899	62 yrs. Months	Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working tife, even if retired)	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State,	or foreign country) 12. C	ITIZEN OF WHAT COUNTRY?		
Cook	Restaurant	Waggam, Louisia	ana U.	S. A.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
Henry Smith		Josephine Bush				
 WAS DECEASED EVER IN U.S. ARMED FORCES: (Yas, no, or unkown) (Ifyasgivewarordatesofservice) 	16. SOCIAL SECURITY NO. 17	Linical Recorde,	VAH. Baltimore	18, Maryland		
Yes WW I	V	AH, FORT HOWARD D				
18. CAUSE OF DEATH (Enter only one cause	se per line for (a), (b), and (c).]			ONSET AND DEATH		
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	HEPATIC COMA			2 WEEKS		
DUE TO L	AENNEC'S CIRRHOSIS			UNKNOWN		
Conditions, if any, which) (b)						
(a), stating the underlying DUE TO						
cause last. (c)						
PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED?		
Š				YES NO X		
PART II. OTHER SIGNIFICANT CONDITION 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Part t or Pa	rt II of item 1B.)			
20c. TIME OF INJURY Month, Day, Year Hour a.m.	20d. INJURY OCCURRED 20e, PLA While Not While at work et work	CE OF INJURY (Home, farm, 20f. (City or town) (Co	ounty) (State)		
21 I contifue that the (this basnital)	attended the deceased from	July 30 1960	January 20 1	62, that (We) last		
saw the deceased alive onJanuary	arv 20 10 62 and that	doub occurred 11:15 M &	om the causes and on	the date stated above		
22a. SIGNATURE	J, and mai	deall occured alp	OII IIIO CAUSOS AIIO OII	22b. DATE		
Dob- 10 1001	lust "	ATTENDING MED. PHYS. DIRECTOR	STAFF PHYS.	1/22/6		
PHYSICIAN'S AC	ting Chief,	22d. ADDRESS				
	dical Service	VAH, BALTIMORE	18 MD. FT. HOW	ARD, MARYLAND		
23a. BURIAL, CREMATION, 23b. DATE THEREOF			OCATION (City, town or cour			
Burial 1-26-6	2 Baltimore Na	tional Cemetery	Baltimore 28	B, Maryland		
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		GISTRAR 256. REGISTRAR'S			
Elroy O. Wilson, 1000	Brantley Ave. Rel	to 17 Md DATE JAN 31	162 aviling	8. Kraus		
TITTO A - O - MITTOOTT - TOOO	THE WITH THE PARTY OF PROPERTY OF THE PARTY	AA T JEDE				

death. Page 4. TENDING PHYSICIAN: The law requires that the death certificate be executed within death. Page 4. TELORY. After this certificate has been signed by the attending physician.

TO FUNERAL 1. TELOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I have filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after de

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VR A15 (4) 15M 9/60

TENDING PHYSICIAN: The law requires that the death certificate be executed within

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Siroy O. Mison, 1000 branting ave., Baico. If just.

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TO HOSPITAL CALTENDING PHYSICIAN: The law requires that the death certificate be executed within death. Page 4.

TO FUNERAL SAECTOR: After this certificate has been signed by the attending physician and completely filled. It of provides a should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages I are be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after de

VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00357

Baltimore b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)	ltimore
	all actions are a second decreased.
Willie KOKAL and give neelest town)	d give hearest rown;
Perry Hall Life Perry Hall	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
3510 E. Joppa Road 3510 E. Joppa Road	YES NO K
3. NAME OF First Middle Last 4. DATE Month OF	Dey Yeer
(Type or print) William I Snyder DEATH]	21 1962
5. SEX White Whowed Divorced 2-29-1888 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 2-29-1888 9. AGE (In years If UNDER Months) Months 73 yrs.	YEAR IF UNDER 24 HRS. Days Hours Min.
	IZEN OF WHAT COUNTRY?
done during most of working life, even if refired)	
	J S A
13. FATHER'S NAME	
Isaac Snyder Elizabeth Prigel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
(Yes, no, or unkown) (Hyesgive war or dates of service) 218-01-5784 Mrs Jessie G Snyder 3510 E. Jopp	Rd (4)
18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).]	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY, Generalized carcinomatosis	5 months
DUE TO	
Adenocarcinoma of stomach	9-12- Mo.
Conditions, il any, which (b) AUGITOCAT CITIONIA OI SCOMACII	7-12- 1110
(e), stating the underlying DUE TO	
cause last, (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR 20s. ACCIDENT WAS UNDERLYING OP. CONTRIBUTING CAUSE OF DEATH OP. CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	19. WAS AUTOPSY PERFORMED? YES NO
□ 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.)	11.3
20c. TIME OF INJURY Month, Day, Year Pour Place OF INJURY (Home, farm, factory, street, office bldg., etc.) Not While at work at work at work	nty) (Stata)
21. I certify that (I) (this hospital) ettended the deceased from Aug. 17., 19.01 to Jan. 21, 19	62 that (I) (we) last
saw the deceased alive onJan. 2119.62, end thet death occurred et	the date stated above
226. SIGNATURE	22b. DATE
Theodone S. Avan M.D. PHYS. MED. STAFF PHYS.	1-22-
22c. PHYSICIAN'S NAME (Type) Theodore E. Evans, M.D. 22d. ADDRESS 9660 Belair Road, Ba	1 to6, Md
236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or count	
Burial 1-25-1062 Fork Meth Cemetery Fork	Md
Burial 1-25-1962 Fork Meth Cemetery Fork 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REGISTRAR 256. REGISTRAR'S	
Lassaln Funeral Home 7401 Belan Road DATIAN 26'62 United S.	

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VS A15 (4) 1SM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00358

CERTIFICATE OF DEATH

111356 Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Baltunor
b. CITY OR TOWN (If autside carporate limits, write RURAL and give neares) lawn) 1 4 4 - Rusedale 3 4 2225	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 132(Pine Crove Ave.	1321 Pine GROVE Ave. ON A FARM?, YES NO B
3. NAME OF DECEASED (Type or print) Margie F. Margaret	Salstman Jan. 15 Day Year 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Female White WIDOWED DIVORCED	B. DATE OF BIRTH Oct. d2 1885 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Min.
10a. USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired)	JSTRY 11. 81RTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? USA USA
Joseph Fuller	Sophia Schreiber
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, go, or unknown) (If yes, give wor or doles of service) 217-09-1771	erbert M. Soistman 1321 Pine Grove Ave.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate	usion
cause (a), stating the under- DUETO Conages Line	Failure
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I ar Part II of item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED to the p. m. 19 While at wark at a wark at wark	LACE OF INJURY (Hame, farm, 20f. (City or tawn) (Caunty) (State) actory, street, affice bldg., etc.)
21. I certify that I attended the deceased fram Tilbourus alive and I attended the deceased fram Tilbourus alive aliv	h occurred at 9:300 M, from the causes and an the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNED M.D. 8019 Philadel phia 22 . Jun (6, 196
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) -18-62 20. NAME OF CEMETERY CONTROL CONTR	edge Cemptory Bultimore, Mary and.
Philip E. Cuach 124 Cheseco by	240. RECID BY REGISTRAR 24b. REGISTRAR'S SIGNATUREA.

The real real part that the section of the all well and manhered comments of franks Francis White I was a second that I 1885 No. Housewife Distance Scheeling moderated in 1817-991771 Harbard W Southern 1831 Parket Mark And replaced to the state of the 81-1. There is

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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(Stote)

(10359		CERTIFICA	AIE OF DEATH	1		Reg. D	ist. No.	1111	101
1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY HOWard						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION			Ellicott City /3 X d. STREET ADDRESS					e. IS RESIDENCE ON A FARM?		
Forest Hav	en Nursing	Home		St. Johns Lane					YES _	NO 🗆
3. NAME OF DECEASED (Type or print)	AUGUST		Middle SONNTAG	Last	4. DATE OF DEATH	Mon Januar		,196	,	Year
5. SEX Male	6. COLOR OR RACE	7. MAR WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Feb.15,1885		9. AGE (In years last birthdoy)	IF UNDE Months	R 1 YEAR Doys	Hours	ER 24 HRS Min.
On USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming Chicken				. BIRTHPLACE (State or foreign country) 12.CITIZEN OF WHAT					OUNTRY	
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAME							
15. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dates of			Unknon INFORMANT Orest Haven Re		Adde	ress			
	TH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO		THE CONFINA	CEPARE ON PULMONN	a pre	- U PSO.	0101	ONS	ERVAL BE	
PART II. OTI	HER SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEAS	SE CONDITION GIV	'EN IN PA	RT 1(o) 1	PERFC	AUTOPS)
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in	Port I or Po	rt II of item 18.)	Y			Ag:
Y 20c. TIME OF INJUING Hour o.m.	RY Month, Doy, Ye	While	f.	LACE OF INJURY (Home, form octory, street, office bldg., etc		ty or town)		(County)		(Stote
21. I certify the olive on	for Cu	deceo:	and that death	. 1967, to 10 occurred at 9 20.	ADDRESS (S	the couses on Street, city or town,	d on th	ne dote	stoted DAT	

22c. NAME OF CEMETERY OR CREMATORY

Good Shepherd

22d. LOCATION (City, town, or county)

24g. REC'D BY REGISTRAR

JAN 2 9 '60

Ellicott City, Md

24b. REGISTRAR'S SIGNATURE

page 3 shauld be detached far use as the burial-transit may be retained TO FUNERAL DIRECT TO HOSPITAL OR VS A15 (4) 15M 9/5B

al director, filed with

and campletely filled in by the ban papers. Pages 1 and 2 shau

permit. Then please remave carban papers. in any event within 72 hours after death. attending physician

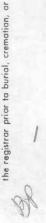
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er this certificate has been signed by

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PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft

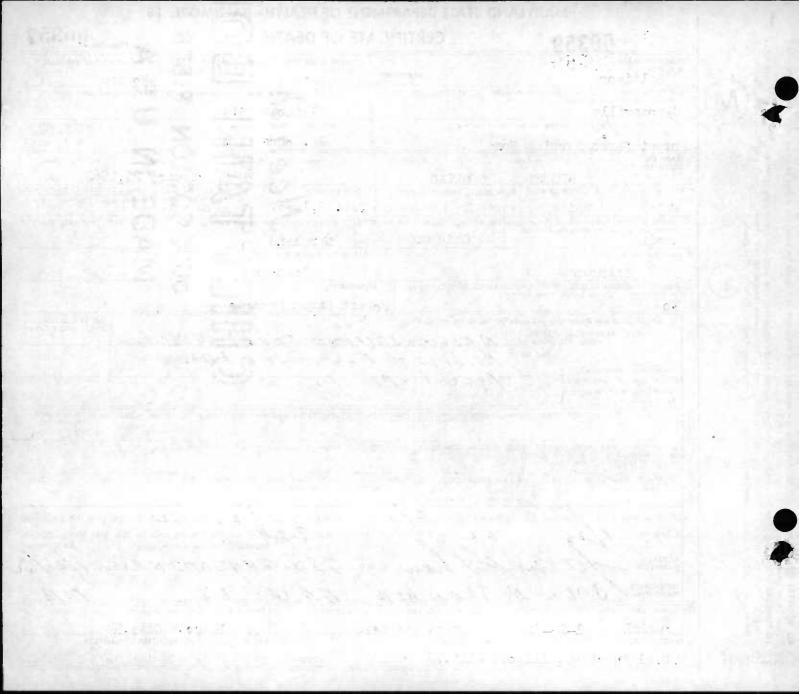


BURIAL, CREMATION, REMOVAL (Specify) Burial

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

.C. Higinbothom, Ellicott City, Md



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O HOSPITAL VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH 00361 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) ON A FARM? NNESSE YES NO 3. NAME OF Middle DECEASED OF 1962 DEATH (Type or print) AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) WIDOWED [DIVORCED 12. CITIZEN OF WHAT GOUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY (County & Slate, or foreign country) most of working life, even if ratired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. 17 INFORMAL (Yes, no. or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Paus IMMEDIATE CAUSE (a) DUF TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO -2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of item 18.) 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 2Df. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Yaar factory, street, office bldg., etc.) Not While While Hour a.m. at work at work p.m 21. I certify that (I) (this hospital) attended the deceased from CCT 13..., 1957 to JAN 16...... 1962, that (I) (we) last saw the deceased alive on MAN ...19.6. Z, and that death occurred at Little, from the causes and on the date stated above. 22b. DATE 22a. SIGNAJURE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 238. BURIAL, CREMATION 236. DATE THEREOI 23d. LOCATION (City, town or county)

TO HOSPITAL
death. Page 4
TO FUNERAL director, I VR A15 (4) 15M 9/60

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certificate



REMOVAL (Specify)

24-KUNERAL DIRECTOR'S SIGNATURE

CEMETERY OR CREMATORY

ADDRESS

250. RECOUNT REGISTRAR

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D	IVISION O	F STATISTICAL			ORDS,	301 W. P	RESTON		TH r, BALTIMO	RE 1, MA		
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	rt Howa	rd. AL OR INSTITUTION (i	f not in hos	13 Days	neel	Ba.	Ltimore	9	11		l e. IS F	RESIDENCE
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	or print)	BERN		M.		STARR		DEAT	H Januar	7	3 19	62
S. SEX		6. COLOR OR RACE	7. MARRIE	NEVER MARRIE	D B	. DATE OF BIRT	Ή		9. AGE (In years last birthday)			R 24 HRS.
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Cond	litions, if any,	which (b)	ENCE	EPHALOMALA	CIA,	RIGHT C	EREBRU	JM			UNKNO	WN
	rise to immedia stating tha un											
	last.	deriying (c)	ARTI	ERIOSCLERO	TIC H	EART DI	SEASE				UNKNO	WN
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BE	NIGN PRO	OSTATIC HY	PERTRO	PHY							YES X	NO -
OR C	ONTRIBUTING [S UNDERLYING DATH	2Db. DES	CRIBE HOW INJURY	OCCURED	. (Entar nature o	f injury in Pa	rt I or Part	II of itam 18.)			
20c.	TIME OF INJUR	Y Month, Day, Ya	r 20d. I	INJURY OCCURRED		CE OF INJURY		20f. (Ci	ty or town)	(County	')	(State)
WED.	Hour a.m.	19	Whila et work	k at work		tory, straat, office)	
21.	certify th	at XI) (this hospit	al) attend	ded the deceased	d from.	December	21, 19	1 =	January			
saw	the decease	ed alive on Jani	ary.	319.62., a	nd that	death occur	red at A.	-M, fro	m the causes	and on the		
22a.	SIGNATURE	4	15	0		ATTENDIN PHYS.		D. RECTOR	STAFF X		7 //	SIGNED
22c.	PHYSICIANS	comes	Cra	hen	M	22d. ADI		RECTOR			-//	5/02
	THOMA	S F. CRAHA	N, M.	D				0. 18	MD FT H	OWARD I	IVISIO	N
3a. BUR	IAL, CREMATIC			23c. NAME OF CE	METERY	OR CREMATOR	Y	23d. LO	CATION (City, toy	yn or county)	{:	State)
Buri	VAL (Specify)	1-5-	62	Baltimo	re Na	ational	Cem.	Bal	timore	28,	Mar	yland
4 FUNE	RAL DIRECTOR	S SIGNATURE 6	009 H	arforde Ros	id		25a. REC'I	BY REGI	STRAR 256. REC	GISTRAR'S SIC	SNATURE	
. Co	ok-Blig	ht. Inc.	Balti	more 14, N	aryl	and	DATELAN	4 '6	2 av	Jun 8. 96	inte	
	A STATE OF THE PARTY OF THE PAR	, , , ,										

O HOSPITAL CF. A. IDING PHYSICIAN: The law requires that the death certificate be executed within 24 death. Page 4 the law field in a standard physician.
O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 12 before safer death. TO HOSPITAL C death. Page 4 TO FUNERAL DA 6 4 director, page

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EXPONDENTIONO FOR

UNION S. OR HOLD, M.D.

Mary Land Company and Mary Land Company and Advanced Barry Land

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THE STRONG PROPERTY AND INC.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OO363 CERTIFICATE OF DEATH

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no			none	Rosewood	Records,	Owings	MILLS	
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18. CAUSE O	DEATH [Enter only one	cause per line fo		_				
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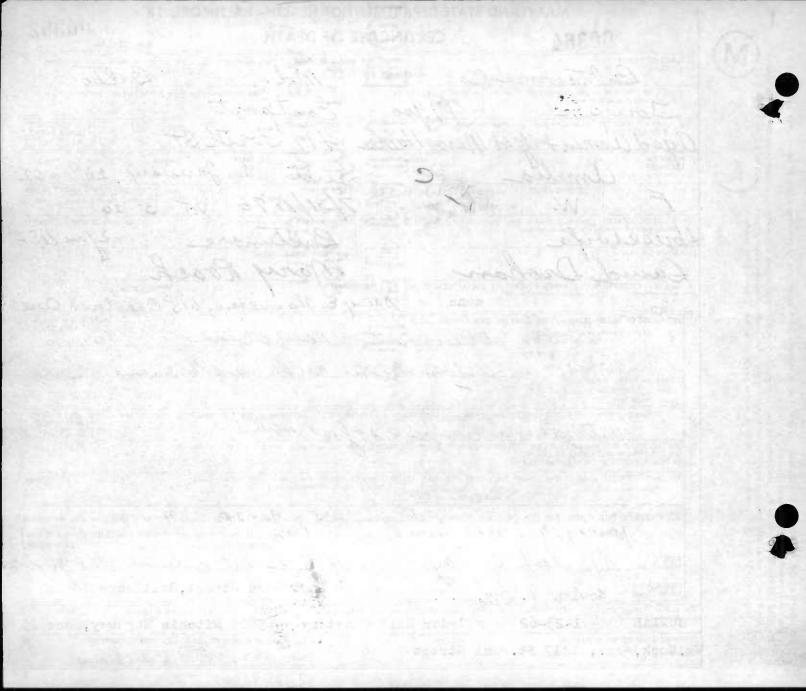
00364 Item #7 - CERTIFICATE OF DEATH

00368

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission	on) 🗸
o. COUNTY Baltamore Co, MARYLAN	Maco.	A.Ca
b. CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)	2
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION (d. STREET ADDRESS 4. IS RESIL	DENCE FARM?
aged Women & aged Mens Hon	ne 417 Jour ST. YES	
3. NAME OF DECEASED (Type or print) Amelia C	OF Van 1 1 1 1 1	ear 9 6 1
6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED D	lost birthday) Months Days Hours	Min.
Oo. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN Juring most of working life, even if retired)	NDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CO	DUNTRY
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME PARE B	رما بين
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give wor or dates of service)	INFORMANT Address	
no none	Jany E. Hameton, 615 Chestrux (au
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Differential Cause (b)	The Heart Seriese 2 mg	DEATH
Conditions, if ony, which gove rise to immediate (b) Anteriorial	the Carbo - Vas Exter Disease -	
couse (o), stoting the <u>under-</u> DUE TO lying couse lost. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OR CONTRIBUTING OF DEATH 200. ACCIDENT WAS UNDERLYING DOOR OF CONTRIBUTING OF DEATH OR CONTRIBUTING OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS A PERFOR	MED?
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. Legier nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e Hour o. m. p. m. 19 While Not while of work of work	e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (City or town) (County)	(Stote
21. I certify that I attended the deceased from Fall's	, 1945, to ganzo, 1962 that I last saw the de	cease
	eath accurred at 1,354,M, from the causes and an the date stated	abave
SIGNATURE MACHINERY E. Day	M.D. H-E-3310St Baltima 18-440 M	signe www
PHYSICIAN'S NAME (Type) Newland E. Dey, M.D.	4 East 33rd Street, Baltimore 18	/
220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETER BURIAL Specify) 1-23-62 Cedar Hil	22d. LOCATION (City, town, or county) (Stote) L1 Cemetery 5829 Ritchie Hughway, Zon	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Im. Cook, Inc., 1217 St. Paul Street	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	

al director PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained to the first serificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages T and 2 shau the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death. TO HOSPITAL OR A' may be retained to TO FUNERAL DIREC VS A1S (4) 1SM 9/SB



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

00363

e. IS RESIDENCE

IF UNDER 1 YEAR IF UNDER 24 HRS

USA.

(County)

C. Thur S. Kraus

DATE AN 11 '62

12. CITIZEN OF WHAT COUNTRY?

ONSET AND DEATH

PERFORMED? YES NO

(State)

SIGNED

(Stote)

Months

ON A FARM?

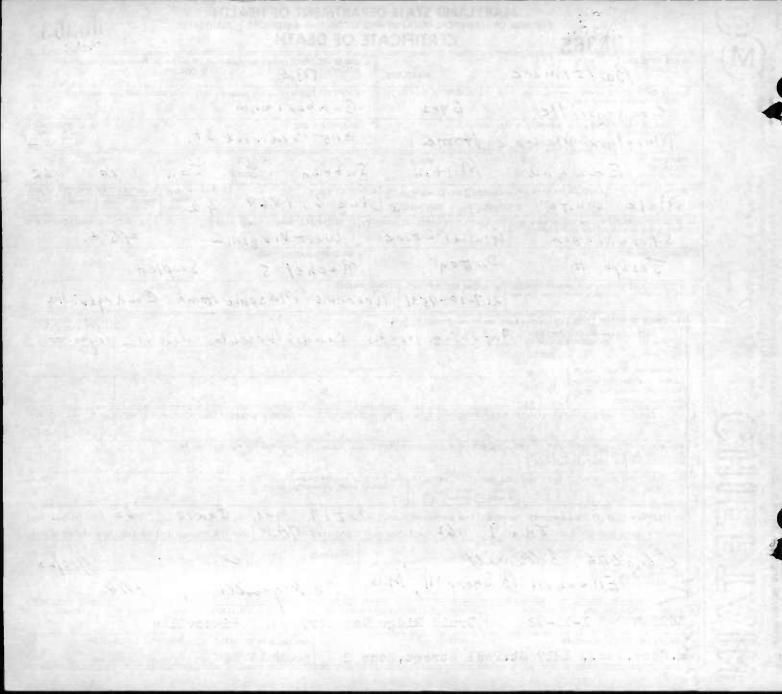
YES NO

Yeor

1962

00385 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY In Itimore b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Cumberland Cockensrille d. NAME OF HOSPITAL (If not in hospital, give street address) 315 Frederick St. OR INSTITUTION Masonic Ylaryland ... NAME OF 4. DATE filled OF Jan (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthdoy) DIVORCED TH 2 yrs. WIDOWED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) General Stone West Virginia toke Kee per ond 13 FATHER'S NAME physician Supler Rachel S Soseph remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Records Masonic Home Cockessille attending please 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: rtenioscleratio Candib. Vascular disease IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which permit (b) has been signed gove rise to immediate DUE TO couse (o), stoting the underattending physician. lying couse lost burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY crematian, 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) certificate 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o. m. While Not while this of work of work 21. I certify that (I) (this hospital) attended the deceased fram Bet 19 1961, to Jun 10 1962, that (1) (we) last 1962, and that death accurred at A.M., from the causes and an the date stated above. saw the deceased alive on a 4 14 22o. SIGNATURE TO FUNERAL DIRECTOR PAGE 3 shauld be d M.D. PHYS. MED. STAFF PHYS. 22d. ADDRESS page 3 sh the State (23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, ar county) BETARVAL (Specify) Druid Ridge Cemetery Pikesville 24 FUNERAL DIRECTOR'S SIGNATURE 256 REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR VR A15 (4) Wm. Cook, Inc., 1217 St. Paul Street, Zone 2

1SM 9/59

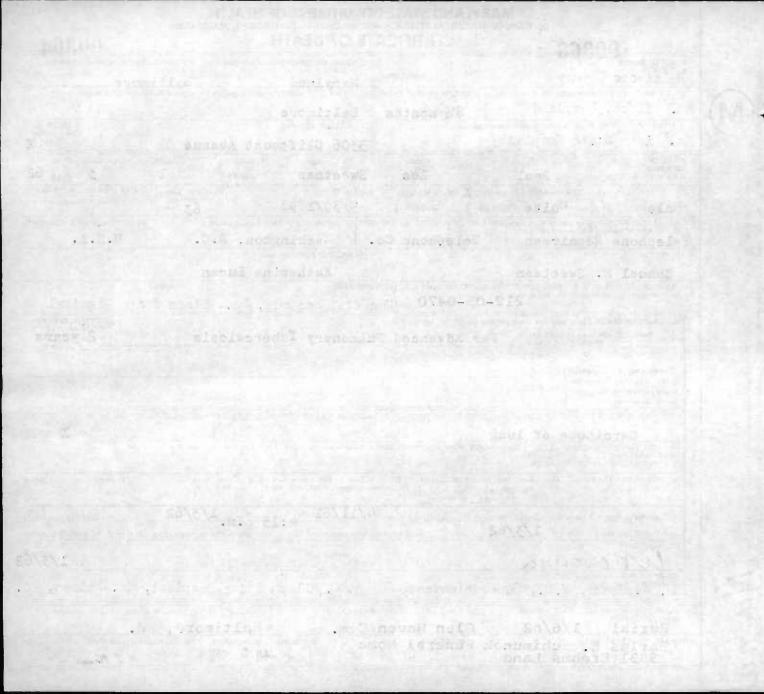


DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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Baltimore	County		MAI	RYLAND	2. USUAL RESIDENCE O. STATE		b. COL			ore admiss	ion)
b. CITY OR TOWN (III Mt. WILSOn,	f outside corporate limi	ts, write	c. LENGTH OF STA		c. CITY OR TOW	/N (If outside co				earest town	1)
d. NAME OF HOSPIT	At (If not in hospitol, g State Hospi	ive street o	ddress)		d. STREET ADDR		Avenue				FARM?
3. NAME OF DECEASED (Type or print)	Fir Pau		Midd Le		Sweetman Sweetman	4. DAT OF DEA		Month 1	0	Z	Year 19 62
s. sex	6. COLOR OR RACE White				9/30/18	98	9. AGE (In y last birtho	eors IF UI loy) Mon yrs.	The Doys	Hours	ER 24 HRS. Min.
10o. USUAL OCCUPATION during most of work Telephone	ing life, even if retired	done 10b.	Telephon			(State or foreig		12	U.S		OUNTRY?
13. FATHER'S NAME					14. MOTHER'S MA	-					
Samuel 1	1. Sweetma	n			Kath	erine I	ucas				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. S	SOCIAL SECURITY N	NO. 17. INI	FORMANT			Address			
(Yes, no, ar unknown)	(If yes, give war or dates of s	212-	05-0470	Hos	pital Rec	ords. M	t. Wilso	n Sta	te Ho	so ita	1
	TH [Enter only one co	E.		c).]	lmonary				IN.	TERVAL BE	TWEEN
(00)	IMMEDIATE CAUSE (o		il Auvant	,ea ro	timonal j	-4561 00	LLUGIO	0 100			~_ ~
Candidana if	DUE TO										
Conditions, if or	mmediate	•					******				
couse (o), stoting lying couse lost.	the under-										
) (c HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO F	DEATH BUT P	NOT BELATED TO THE	E TERMINIAL CIS	EASE CONDITION	N GIVEN IN	I PAPT 1/o	19 WAS	AUTOPSY
DE L		_	ON KIBUTING TO L	DEATH BUT I	NOT KEDATED TO THE	E IERMINAL DISI	EASE COMDITION	4 OIVEIV II	TAKI I(O)	PERFC	DRMED?
	cinoma of		DIRE HOW INJURY	OCCUPRED	. (Enter nature of inj	iuru in Port I or	Port II of item 11	2.1		YES (A)	NO 🗆
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	200. DESC	TAUCPII WOON SEIN.	OCCURRED	. (Enter notore or in	ory in rost to	rott ji ot tielli ti	,.,			
	Y Month, Doy, Ye	204 15	HURY OCCURRED	20- PLA	CE OF INJURY (Hom	a form 206 /	City or town)		16	1	/C1-4-1
20c. TIME OF INJUR Hour o. m. p. m.		While	JURY OCCURRED Not while		ory, street, office blo		City or fown)		(County	,	(Slote)
	19	ot work			/22 //2		3 /7 //	2			63
	t (1) (this hospital	attende				4:125-p!	11			, , ,	we) lost
sow the deceas	ed olive on 1/	3/62	19 , on	nd that de	eoth occurred o	tM, fro	om the couse	s and or	the dot		
LAM.	evenie			N	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			1	b. DATE
Win . NAME (Type)	mer, M.D.,	Super	rintenden	t	Mt. Wil	son Sta	te Hospi	Ltal,	Mt. V	lilson	n, Md
230. BURIAL, CREMATIO REMOVAL (Specify) Burial)F	23c. NAME OF CE	METERY OR	_		CATION (City, to			(Stot	le)
24. FUNERAL DIRECTOR	s Enaruschim Brehms La	unek			ne 250	REC'D BY REG		REGISTRAR	'S SIGNATI		

O.T. of S. Kings

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 the State Board of Health priar to burial, cremation, or remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR A VR A15 (4) 1SM 9/S9



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RE TON STREET, BALTIMORE 1, MARYLAND 162 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) . COUNTY b. countyl timore a. STMaryland Baltimore MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate timits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Timonium Pi moni um Pages . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? 24 Gorsuch Rd. YES NO 24 Gorsuch Road letely papers. 3. NAME OF 4. DATE Middle Month DECEASED (Type or pent) rah compl DEATH 19 Elizabeth Swint IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IFOUNDER 1 YEAR 8. DATE OF BIRTH last birthday) Months and Days Hours car WIDOWED VES. Female event, 1Da. USUAL OCCUPATION (Giva kind of work physician remove 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife U. S. A. Georgia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Then please Isabelle Bealer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or datas of servica Mrs. Carolyn S. Koenig-24 Gorsuch Road the ng physician. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit UE TO Conditions, if any, which peen gave risa to immediate causa **DUE TO** (a), stating the underlying has cause last. certificate ha PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO . prior 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) for the this detached : After 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., etc.) Whila Not While Hour a.m. at work at work p.m RECTOR: 21. I certify that (1) Ithis hospital) attended the deceased from... 19 and that death occuped at A.A.M., from the causes and on the date stated above. saw the deceased alive on. SIGNATURE ATTENDING PHYS. PHYS. DIRECTOR death. Page 4 page PHYSICIANS 22d ADDRESS NAME (Type) 6 CORGE ector, I 23d. LOCATION (City, lown or county) 23c. NAME OF CEMETERY OR CREMATORY (State 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 한 학 Church Cemetery Remova 1-6-62 Harlem Georgia 25. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Chrima S. Thomas 15M 9/60 DATE

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TOWN THE THE PARTY OF THE PARTY

L. H. Arrigad

Language of Sentence of my June 12-20

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

Items X & Q Fi	m G306 2/1/62 14k
1. PLACE OF DEATH . a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. STATMd. b. COUNTY D = 1
Baltimore MARYLAND	Dalto.
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	Relay d. STREET ADDRESS e. IS RESIDENCE
516 Gun Rd.	516 Gun Rd.
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year OF
(Type or print) HOWARD H. TAGGART SR.	DEATH Jan. 26, 1962 19
	B. DATE OF BIRTH 1876
Retired B & O R.R.	Ohio U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel M. Taggart	Sarah Schlosser
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (Ifyasgive werordates of service) none Mr	rs. Ross S. Hosmer, 508 Gun Rd. Balto.27, Md.
18. CAUSE OF DEATH [Entar only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN
	it failure se conday to ONSET AND DEATH
IMMEDIATE CAUSE (0) Con Ses two Alexander	it failure secondary to
DUE TO C	-4000
Conditions, if any, which \ (b) accommence ?	The Liver with Jaunding.
gave rise to immediate ceuse (e), steting the underlying DUE TO	
ceuse lest.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
E Oto a la fi Consu	PERFORMED? YES NO DE
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR	ED. (Enter neture of injury in Part I or Part II of item 1B.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E. Lines neture of injury in tent to tent it of new tent
	LACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) actory, street, office bldg., etc.)
21. I certify that (I) (this hospital), attended the deceased from	n 11/30 , to 1/26 , 19(we) last
	at death occured at
220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
Inchoverut in	M.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) James N. Frederick MD	1311 Francis Ave.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	
REMOVAL (Specify)	Park Cemetery Baltimore, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Howard H. Hubbard 4107 & Wilkens Avenue	= #29 DATEJAN 31 '62 Carthur S. Hraus

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Balte.

b. CITY OR TOWN (if outside corporate limits,

write RURAL and give nearest town)

1. PLACE OF DEATH

a. COUNTY

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S	-	Z	Sr.
TO HOSPITAL OF ATTINDING PHYSICIAN: The law require	death. Page 4, b ined by the hospital or attending physic	5	director, page 3 should be detached for use as the burial-transit page
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0	O	0	O
		H	

-	d. NAME OF HOSPITAL OR INSTITUTION (IF	1 4 Months	Pikesville	To period the
			d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
-	NAME OF Chapel Hill Nurs	ing Home	802 Milford Mill Road	AE2 NO
	(Type or print)		OF DEATH	Month Dey Year
5.	SEX 6. COLOR OR RACE 7	MARRIED PERCENT ARRIED	8. DATE OF BIRTH 9. AGE (In	years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Female White	WWW. COCK CALLER SERVICE	3-14-1869 last birth	recititis pays recuts milit.
10a	. USUAL OCCUPATION (Give kind of work	106. KIND OF BUSINESS OR INDUS	3-14-1969 92 TRY 11. BIRTHPLACE (County & State, or foreign county	intry) 12. CITIZEN OF WHAT COUNTRY?
doi	ne during most of working life, even if retired) Housewife	None	Illinois	U.S.A.
13.	FATHER'S NAME	1020	14. MOTHER'S MAIDEN NAME	0.504.6
	Caleb Pitkin		Flavia Clark	
15.	WAS DECEASED EVER IN U.S. ARMED FORC s, no, or unknwn) (Ifyes give wer or dates of ser	ES? 16. SOCIAL SECURITY NO. 17.		Idress Dilacardilla 0 M
(10	tryes give weror dates or ser		Mrs. Matthew H. Bradway	Pikesville 8, Mo 802 Milford Mill Ros
	18. CAUSE OF DEATH Enter only one of		/	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Elubio vascul	an themlass:	ONSET AND DEATH
	3 3 3 V DUE TO		-1	
	Conditions, if eny, which (b)	Eneralreed	arleis Selose	10-20 Mrs
	geve rise to immediate cause			
	cause lest. (c)			
Z		ONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION	
¥LY.				PERFORMED? YES NO
CERTIFICATION	2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	2Db. DESCRIBE HOW INJURY OCCURI	ED. (Enter nature of injury in Part I or Part II of item 18	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour e.m.		LACE OF INJURY (Home, form, 2Df. (City or town) actory, street, office bldg., etc.)	(County) (State)
		I) attended the deceased from	1/2/60 19 10 1/0	/6 19 that (I) (we) last
		17/10	at death occured at	
	228. SIGNATURE		ATTENDING MED. STAFF	22b. DATE
	Millonsele	leet	M.D. ATTENDING MED. STAFF	SIGNED
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	
	Dr. Milton	Schlenoff	6410 Windsor M	ill Road , Balto. 7_
	BURIAL, CREMATION, 23b. DATE THERE	OF 23c. NAME OF CEMETERY	Y OR CREMATORY 23d. LOCATION (Cit	y, town or county) (State)
	Burial 1-22-19	962 Valley Cem	metery Manchest	er, New Hamphire
24	EUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGISTRAR 25b	. REGISTRAR'S SIGNATURE
0	Soring Syer	8728 Libert		Chilbur S. Frank
		Randallstow	71 - MC -	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

MARYLAND

c. LENGTH OF STAY IN 16

a. STATE

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission)

c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)

b. COUNTY

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1	PLACE OF DEATH	P C P F C			USUAL RESIDE	VCE (Where d			ence before a	dmission
		Baltimore	MARYLAN		a. STATE Mar	yland	b. COUN	-		/
		f outside corporata limi	is, c. LENGTH OF STAY IN	1b	c. CITY OR TOWN	(If outside corp	porata limits, write	RURAL end giv	e neerest tow	n)
	Fort Howard	1	7 Hours;15 1		Baltimor	-	7	3 V.O	11-4	
	d. NAME OF HOSPI	FAL OR INSTITUTION (if not in hospitel, give street eddress)		d. STREET ADDRES	S				A FARM
	Veterans Ac	lministrati	on Hospital .		321 East			C141.11	-	NO K
3	NAME OF DECEASED	First	Middle		Last	4. DATE	Month			
_	(Type or print)	Will			Taylor	DEATH	garmar,			
5	S. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DA	TE OF BIRTH	5	last birthdey)	Months Days		24 HRS
_	Male	Colored	WIDOWED DIVORCED	-	4-6-89		72 yrs.		1	
		ION (Give kind of work rking life, even if retire	od)	JSTRY 11.	. BIRTHPLACE (Co	unty & State, or	foreign country)	12. CITIZEN	OF WHAT	COUNTR
1	Oysterman		Fishing		azewell (ginia	U.S.	.A.	
X.	3. FATHER'S NAME				MOTHER'S MAIDE					
1	Major Tay				Sarah Smi	th				
		ER IN U.S. ARMED FOR fyes give weror detes of s	servica)			70 7 1 1	Address	~~.	1 70 4	
=	Yes	WW-1.		Clin	Rec VAH	Baltim	ore Md -		ard Di	
		H WAS CAUSED BY:	ceuse per line for (e), (b), end (c).]	יים זוים ב	STION OF	TIMES !	MD ITVE		DHSET AND	DEATH
	4	IMMEDIATE CAUSE (e)	CHRONIC PASSIVE	JOINGE.	DITOM OF	TOMOD 1	FIAD TO ADI		UNKNO	11/
	7	DUE TO	CARDIAC INSUFFIC	TIPS TOV	•				UNKNO	TN
	Conditions, if any geve rise to immed	iete ceuse		طوف الماليال					02741170	
	(a), stating the u			O TITLE	DO DICE	e de la companya de l		10-21	UNKNO	LIN
1	cause last.	(c)	ARTERIOSCLEROTI				CONDITION GIV	EN IN PART 1(e)		
OLEVE	ADDOCTOR		The state of the s	NOMA		OF PAI			PERFO	RMED?
0.22	2Da. ACCIDENT W	AS UNDERLYING	2Db. DESCRIBE HOW INJURY OCC		,				1120 121	THO L
Tab.	OR CONTRIBUTING	CAUSE OF DEATH								
1	20c. TIME OF INJU	IRY Month, Dey, Ye	er 2Dd. INJURY OCCURRED 2De		F INJURY (Home, fa		y or town)	(County)		(Stete)
100	Hour a.m.	10	While Not Whila	factory, si	treet, office bldg., e	tc.)				
		hat M (this hospi		30 P	·M. 72	1962 10	Jan.	2 19 62	that Ki)	l (aw)
	21. I certify i	sed alive on Ja	n. 12 1962, and	that doa	th occured at	45 M from				
	22e. SIGNATURE	A 4	//	11101 000				and on me		. DAT
	Nama	12 21	Howart	M.D.	ATTENDING PHYS.	MED. DIRECTOR [PHYS.		1-1	SIGN
П	ZZc. PHYSICIAN'S	acc o 1	, Journal		22d. ADDRESS					
	NAME (Type	DONALD W. S	STEWART, M.D.	4	VAH Balti	more 18	Md-Ft I	ioward D	ivisio	n
2	30. BURIAL, CREMAT	ION, 23b. DATE THE	REOF 23c. NAME OF CEMET	RY OR C	REMATORY	23d. LOC	CATION (City, to	wn or county)	(S	late)
	REMOVAL (Specify)	1-17-	67 Baltimore	Vatio	nal	Balt	imore	Marylan	d	
2	4 FUNERAL DIRECTO	S'S SIGNATURE	ADDRESS		2Sa. R	EC'D BY REGIS		GISTRAR'S SIGN	4	
1	Elrov O. Wi	lean	1000 Brantley Baltimore 17	Ave	DATE	JAN 1 9	02	. when S. 9	hand	

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death. Page 4 by the hospital or attending physician.

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 death. Page 4 by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled on the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

VR A15 (4) 15M 7/61

MAI	RYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RES	CERTIFICATE OF DEATH	l
00371	CERTIFICATE OF DEATH	

a. COUNTY	Baltimore	MARYLAND	a. STATE Mar	yland	b. COUNTY	ion: Residen altimo	ce before e	dmission)
write RURAL a	N (if outside corporate limits, and give nearest town) CV Hall	c. LENGTH OF STAY IN 16 Life	c. CITY OR TOWN	(If outside corporate I	limits, write RURA	L and give	neerest tow	n)
	SPITAL OR INSTITUTION (if not in h		d. STREET ADDRESS			100		ESIDENCE
1,230	Chapel Road		1 4230 Cha	pel Road			YES T	NO T
3. NAME OF	First	Middle	Last	4. DATE	Month	Day	Year	
(Type or print)	John	Sebastian	Thim	OF DEATH	1	2	196	52
5. SEX	6. COLOR OR RACE 7. MARR		DATE OF BIRTH	last	(In years IF UN birthday) Mont		Hours	24 HRS. Min.
	THE THE WIDOW		4-4-1889		yrs.			
done during most of	age Clerk	Railroad Retire	Balto. C	ity Md.	n country) 12	U S		OUNTRY?
13. FATHER'S NAME	Sebastian Thim		14. MOTHER'S MAIDEN	erine Rude	el			
15. WAS DECEASED (Yes, no, or unkown) Yes	EVER IN U.S. ARMED FORCES? (Ifyesgivewarordatesofservice)		Margaret L	uckert 432		Perry 1 Road		Md
	F DEATH [Enter only one cause pe ATH WAS CAUSED BY: IMMEDIATE CAUSE (e)		Insuffic	ieury	*	INT	ERVAL BET	
Conditions, if e		serteusive Corr	dio-cereb	iral dis	ease	12	year	40
geve rise to imme (a), stelling the cause last.		teroseptal 2	Myorardi	al Infar	et	10	wee	hs
PART II. OTH	HER SIGNIFICANT CONDITIONS CO	DNTRIBUTING TO DEATH BUT NO	OT MELATED TO THE TERM	INAL DISEASE COND	ITION GIVEN IN			NO
	WAS UNDERLYING [20b. DI NG [CAUSE OF DEATH FY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Part for Part II of ite	m 1B.)			
20c. TIME OF IN Hour e.m	wh.	ile Not While fact	CE OF INJURY (Home, far ory, street, office bldg., et		wn)	(County)		(State)
	that (I) (this hospital) atternated alive on	2	1	19.1.1, to				
22e. SIGNATUR	Thu H- Herselet	eld mid.	.D. ATTENDING PHYS.	MED ST	AFF YS.	1/4/		DATE SIGNED
22c. PHYSIČÍAN NAME (Tyi	JOHN H. Hi	RSCHFELDM	D 6919 H	ARFORD	Road	L, Ba	eto 18	ned
23a. BURIAL, CREMA REMOVAL (Speci Burial	1-5-1962	Holy Redeemen		Baltimo		44	rland	rote)
24 FUNERAL DIRECT	M 1	401 Below Rose	25e. RE	JAN 5 '62	25b. REGISTRA	r's signa 4 2. Ku		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Ή

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Pag 8 No 111371

	A COLUMN THE PERSON NAMED IN COLUMN THE PERSON N							WAR DIS	. 110.		
1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cockeysville 2 yrs.			V 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Cockeysville							
d. NAME OF HOSPI OR INSTITUTION Boxerhill	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Boxerhill Rd.				J d. STREET ADDRESS Boxerhill Rd., Box 325A				e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED (Type or print)	Firs ROLAND	•	Middle HARR ISON	٧	Lost THOMAS	4. DATE OF DEATH	Mor Ja		Doy 26	Year 19 62	
5. SEX Male		7. MARR	NEVER MARRIED DIVORCED		ATE OF BIRTH eb. 18, 1889		9. AGE (In years lost birthday) 72 yrs.		YEAR IF UN	7	
10o. USUAL OCCUPATI during most of wor Gardner	ON (Give kind of work d rking life, even if retired)		KIND OF BUSINESS OR						S.A.	T COUNTRY?	
13. FATHER'S NAME John Thor	mas			1	. MOTHER'S MAIDEN Catherine	NAME				First	
	ER IN U. S. ARMED FORCE (If yes, give war or dates of se-	Canina I	SOCIAL SECURITY NO. 19-22-0820	17. INFO	rmant dys M. Thou	nas, Bo	Add xerhill		ckeysv	ille,M	
Conditions, if a gove rise to cattle (a), stoting lying cause lost.	the under-	Co	ne for (o), (b), and (c).} pronary Occl	lusio	n				INTERVAL ONSET AN	D DEATH	
ICATIO	HER SIGNIFICANT COND	OITIONS C	CONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	EN IN PART	PERF	ORMED?	
	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Yea	no	One NJURY OCCURRED 2	Oe. PLACE	OF INJURY (Home, for	m, 20f. (City		(Co	ounty)	(Stote)	
20c. TIME OF INJU Hour o. m. p. m.	none 19	While of world	Not while none	foctory	, street, office bldg., et	c.)	none				
actual SIGNATURE PHYSICIAN'S	2.2.6.	_, 12_	and that d	leath ac	curred at 6 6 Hanover Reisterst	AM, from ADDRESS (Str. Rd.	the Causes of th	ind an thi	e date sta	ted abave. DATE SIGNED	
NAME (Type)	ON, 226. DATE THEREO		22c. NAME OF CEMETI			22d. LOCAT	ION (City, town, o	or county)	(Ste	ote)	
23. FUNERAL DIRECTOR Frank H. N	ewell, Pike	svil	ADDRESS			D BY REGISTI		STRAR'S SIGI			

Poge 4 3 PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter deat may be retained to the following physician.

TO FUNERAL DIRECTOR: A this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shouther registrar prior to burial, cremation, or remaval, and in any event within 72 haurs after death. may be retained (The To FuneRal DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10373

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: R	esidence before admission)					
Baltimore MARYLAND	a. STATE b. COUNTY						
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)							
Fort Howard	Baltimore 23	01-4					
d. NAME OF HOSPITAL OR INSTITUTION (it not in hospitel, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE					
Veterans Administration Hospital	2346 Frederick Avenue	YES NO					
3. NAME OF First Middle	Last 4. DATE Month	Dey Yeer					
DECEASED (Type or print) WITITAM H.	THOMPSON CD DEATH TONIONS	11 19 62					
	PHOMPSON, SRI January DATE OF BIRTH 9. AGE (In years FUNDER 1	44					
	September 17,1897 64 birthdey) Months C	Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR		ZEN OF WHAT COUNTRY					
done during most of working life, even if retired) Carpenter Construction	Buffalo, New York U.	S. A.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	D. A.					
Jack Thompson	Mary Murphy						
SE WAS DECEMBED THE IN THE ADVISE TO SEED IN THE SECURITY OF THE		0					
(Yes, no, or unkown) (Ifyesgivewerordatesofservice)	inical Records, VAH, Baltimore 1	.8, Maryland					
Yes WW II 218-01-6345 For 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	rt Howard Division	I INTERVAL BETWEEN					
PART I DEATH WAS CAUSED BY.		ONSET AND DEATH					
IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA		RECENT					
DUE TO							
Conditions, if eny, which) (b) BRAIN TUMOR (GIJO	MA)BOTH FRONTAL LOBES	UNKNOWN					
gave rise to Immediate ceuse (a), steting the underlying DUE TO							
couse lest. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED?					
BENIGN PROSTATIC HYPERTROPHY		YES NO					
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED.	. (Enter neture of injury in Pert I or Pert II of item 18.)						
206. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	CE OF INJURY (Home, ferm, ' 2Df. (City or town) (Cour	ity) (State)					
Hour a.m. While Not While facts	ory, street, office bldg., etc.)						
21. I certify that (1) (this hospital) attended the deceased from	August 28 1961 to January 11, 196	2, that (We) las					
saw the deceased alive on January 11 19 62, and that	death occured: 35M, from the causes and on the						
228. SIGNATURE	death occured an	22b. DATE					
	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGNED					
22c. PHYSICIAN'S Craham Min. M.	22d. ADDRESS	1/11/05					
THOMAS F. CRAHAN, M.D.	VAH, BALTO 18 MD FT HOWARD DIV	ISION					
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town or county) (State)					
REMOVAL (Specify)							
Burial /-/3 - C & Baltimore Nat:	ional Cemetery Baltimore 28,	Maryland					
24 John Bring Street Street Street		-					
Wm. Cook-Blight, Inc, 6009 Harford Rd., Bal	to. 14 MODATE JAN 1 8 162	Le .					

funeral TO HOSPITAL OR AT NDING PHYSICIAN: The law requires that the death certificate be executed within death. Page 4 the med by the hospital or attending physician.

TO FUNERAL DINECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers. Pages be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the prior to burial, cremation, or removal, and in any event, within 72 hours after the state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the state Dept. VR A15 (4) 15M 9/60

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Division of STATISTICAL RESEARCH EET. BALTIMORE 1. MARYLAND FOR STATE USUAL RESIDENCE [Where deceased lived, If Institution: Residence before edmission] 4 Film G305 1. PLACE OF DEATH e. COUNTY e. STATE b. COUNTY Baltimore Maryland Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) or. write RURAL end give nearast town) o Your Lutherville Lutherville P yrs d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street address) 3 to the funeral dir Por Boar be retained In the State B Welford Road 13 Wel Road Lutherville, Md Welford DATE Month DECEASED OF the d (Typa or print) DEATH GORDON January 2 with urs after AGE (In years | IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED D. B. DATE OF BIRTH fifer of 1, 2, and 3 age 5 may 5 1 and 2 last birthday) Months male white WIDOWED DIVORCED June 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? ng" in pencil in Item 18. Give Pages 1, 2 office along with form PM3. Page s a burial-transit permit. File pages 1 and removal, and in any event within 72 done during most of working life, even if retired) School child school Pennsylvania U.S.A. 13. FATHER'S NAME Helen Almeda Morrison Raymond T. Tippitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Lafayette. Pa. (Yes, no, or unkown) | (If yas giva war or dates of service) This certificate should be executed No None None None 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c).] R. B. Germantown Pake Lownes INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Asphyxia IMMEDIATE CAUSE (e) DUE TO carbon monoxide poisoning Conditions, if any, which (b) d "pending" i Examiner's O se used as a bi geve rise to immediata cause DUE TO (e), stating the undarlying cause last. cremation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY ate, writing the word "
the Chief Medical Ex
R: Page 3 should be u
rior to burial, crematic 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Pert I or Part II of itam 18.) 20a, EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING Conflagration in home CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) factory, street, office bldg., atc.) Whila Not Whila please execute the certificate, should be forwarded to the PUNERAL DIRECTOR: P. r. its designated. 19 62 et work et work 115 Welford Road Balto. Co. prior certificate, 21. I certify that I took charge of the remains described above, held an Autopsy Inspection T Inquiry X and in my opinion designated agent, Undetermined manner death resulted from: Natural causes Accident 100 Suicide Homicide CHIEF MEDICAL EXAMINER TO ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER [EXAMINER'S Russell S. Fisher, M. D. January 20, 1962 NAME (Typa) Address (Straat, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22e. BURIAL, CREMATION. 22b. DATE THEREOF 22d, LOCATION (City, town, or country) REMOVAL (Specify) 0 Q40 9 FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR JAN 2 3 '62 Cirthung S. Thank VS. ATSME DATE

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

YES NO

19

Hours

IF UNDER 24 HRS.

PERFORMED? NO X

(Stete)

Md.

DATE SIGNED

ON A FARM?

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Page files. Health, 3 to the funeral he State & the PM3. Page in pencil in Item 18. Giv Office along with form permit. This certificate should be executed Office along w burial-transit pumoval, and in a removal, "pending" ro Examiner's 98 0 used a Pe the word Medical plnods writing the Chief / Page 3 s OR: 0 DIRECT forwarded designated should be for FUNERAL I Q40 P

SM 9/6D

W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH FOR STATE 14 Film G305 1. PLACE OF DEATH . COUNTY a. STATE Baltimore County MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Lutherville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Welford Rd NAME OF Middle DECEASED (Type or print) MATTHEW Tippett 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED male WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE 13. FATHER'S NAME Raymond Tippett 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or dates of service) NONE NONE 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Asphyxia carbon monoxide poisoning Conditions, if eny, which geve risa to immadiata causa DUF TO (e), steting the underlying cause last. 2Do. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. of the Charge 3 s., to burial, c Conflagration in home 20c. TIME OF INJURY Month, Day, Year 19 62 Accident XX Suicide death resulted from: Natural causes ACTUAL SIGNATURE EXAMINER'S Russell S. Fisher, M.D. NAME (Type) NAME OF CEMETERY OR CREMATORY 22e. BURIAL, CREMATION. 22b. REMOVAL (Spacify) OH VS. AISME

1/26/62 iwk 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) b. COUNTY Raltimore Maryland c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) Lutherville e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Welford YES NO TX OF DEATH 1962 January AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Hours 1Db, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Pennsylvania 14. MOTHER'S MAIDEN NAME Helen Almeda Morrison Addres Lafayette Hill. R. B. Lownes Germantown Pike INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO T third degree burns

2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Port II of item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) While Not While 115 fectory, street, office bldg., etc.) et work et work 115 Welford Road Baltimore Co. Md. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X Inquiry 300 and in my opinion Homicide Undetermined manner CHIEF MEDICAL EXAMINER TXX ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER Jan. 20, 1962 Address (Streat, city, town, or county) 22d. LOCATION (City, town, or country) Colling S. France

MARYLAND STATE DEPARTMENT OF HEALTH

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amov S of Great Just 1 Sign that the wall was a subject to MOWE Homesvirence Land. . If the alterate !. NO MONE - PONE H. B. Lowner Germanbown Fire Fig.

BY WEST WASHINGTON

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND W. PRESTON STREET, BALTIMORE 1, MARYLAND 1/26/62 14 Film G305 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY for. Page ur files. of Health, Baltimore e. STATE b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate fimits, write RURAL and give neerest town) Board of I write RURAL and give nearest town) Lutherville Lutherville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS ar death. If any delay 113 Welford Road Welford Road same) TO. 3. NAME OF DATE Middle DECEASED OF (Type or print) Paul DEATH Tippett January 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Hours male white WIDOWED [DIVORCED s1, 2, a and 2 72 hou 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) School Child pages 1 School Pennsylvania
14. MOTHER'S MAIDEN NAME U.S.A. P.M.3. 13. FATHER'S NAME Raymond T. Tippftt Melen Almeda Morrison 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Lafayette. permit. in Item 18. "in pencil in Rem res Office along with fe
a burial-transit permit (Yes, no, or unkown) | (Ifyesgivewerordatesofservice) No NONE Germantown Pike NONE R. D. Lownes 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Asphyxia due to This certificate should be word "pending" in pend r's Office 2 s a burial-tr removal, 8 carbon monoxide poisoning DUE TO Conditions, if eny, which geve rise to Immediate cause DUE TO certificate, writing the word "pendin rded to the Chief Medical Examiner' ECTOR: Page 3 should be used as gent, prior to burial, cremation, or r (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury In Pert I or Part II of item 18,) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING Conflagration in home 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Year (County) fectory, street, office bldg., etc.) While Not While 1,62 et work | et work | 115 Welford Rd. Baltimore Co. Md. DEPUTY My AL EXlease execute the certificate
4 should be forwarded to th
5 PUNERAL DIRECTOR:
r its designated agent, prio 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry TOX and in my opinion death resulted from: Natural causes Suicide Accident Homicide Undetermined manner ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S Russell S. Fisher. M. January 20, 1962 NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 940 g FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 9/60

e. IS RESIDENCE

YES NOY

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PERFORMED? NO G

(State)

ON A FARM?

ellimentille Service Servic (eggs) 213 Editor Francis Base Boro Wiell Eli Harve fire limit School Child School Pennsylvania U.S.s. Asymond P. Timestt. MONE NOSE R. D. Downes Germanbown Pike Pa Sale Carantin

FOR STATE HEALTH DEPT.

TO DEPUTY M. J. AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay it dessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

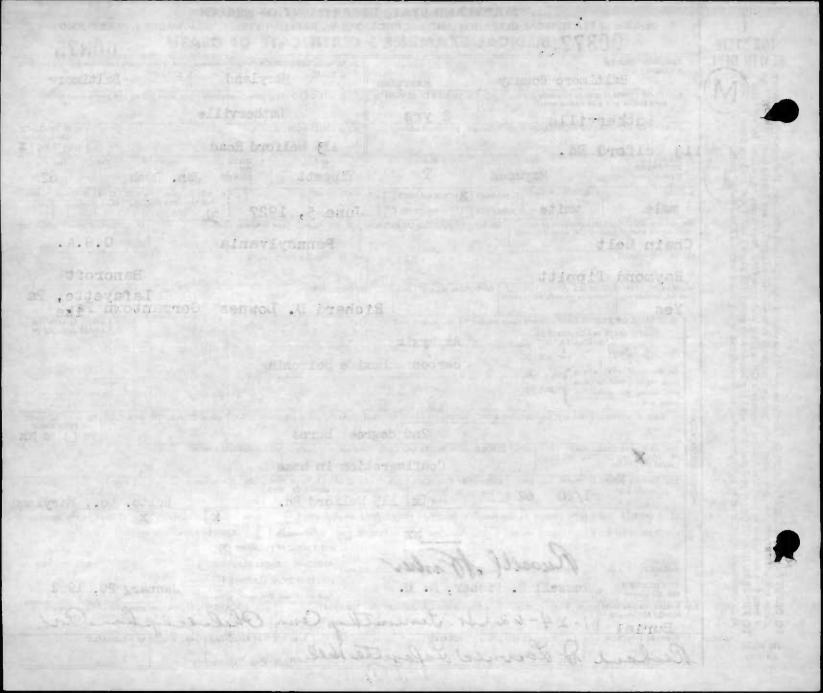
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hour after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00377 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00375

a. COUNTY			2. USUAL RESIDEN	CE (Where decea			ca before a	dmission)
Ba.	ltimore County	MARYLAND	a. STATE Man	ryland	b. COUNT	Bal	timore	3
write RURAL and	if outside corporate limits, d give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	If outside corporate thervill		RURAL end give	nearest tow	n)
d. NAME OF HOSPI	TAL OR INSTITUTION (if not in I	2 yrs	d. STREET ADDRESS	COLOT VIII			1 a. 15 RI	ESIDENCE
			113 Welfo	and Pand			ON A FARM?	
13 Welfor	a Ba. First	Middla	TTD METT	4. DATE	Month	Dev	Yee	но 🖈
(Type or print)	Raymond	T	Tippett	OF DEATH	Jan. 2		190	
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH		A B T AB A B -	FUNDER 1 YEAR		
male	white wipov	WED DIVORCED	June 5, 19	727 3	yrs.	Months Deys	Hours	Min.
10a. USUAL OCCUPAT	ION (Giva kind of work 1Db. orking life, even if retired)	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stata	or foreign country	y	12. CITIZEN C	F WHAT C	OUNTRY?
Chain Bel			Pennsyl	vania		U.	S.A.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN					
Raymond	Tippitt		The second second			Bancr	oft	
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17.	INFORMANT		Address			Do
Yes	fyasgiva war or detes of service)	R	ichard D. I	ownes	Germa	Lafaye	Par.	ra
	EATH [Enter only one cause pe		Ichard D. I	JOWITED	OCI INC		ERVAL BET	WEEN
PART I, DEAT	H WAS CAUSED BY	Amharria					ISET AND D	
9	IMMEDIATE CAUSE (a)	Asphyxia						-
Conditions if any	DUE TO	carbon mono	xide poisonin	ng				
Conditions, if any	iate cause		•	0				
(a), steting the u	nderlying DUE TO					10 M		
causa last.) (c)	DATEBUTING TO DEATH BUT NO	T DEL ATED TO THE TERMIN	TAL DISTASS OF	minimum and			
PARI II. OTHE	C SIGNINCANI CONDITIONS C	ONTRIBUTING TO DEATH BUT NO		NAL DISEASE COL	ADITION GIVE	N IN PART I(a)	PERFO	RMED?
5		2nd deg					YES	NO DOC
PART II. OTHER	ONTRIBUTING	cribe how injury occured. () Conflagra:	Entar neture of Injury in Part tion in home	t I or Part II of iter	n 18.)			
3 20c. TIME OF INJU	JRY Month, Day, Year 2Do	I. INJURY OCCURRED 1 20a. PLA	CE OF INJURY (Home, farm		town)	(County)	((State)
20c. TIME OF INJU-	- 17 1	ork at work 115	Welford Rd.	.)	Ва	lto. Co.	, Mar	yl and
21. I certify the	nat I took charge of the re	emains described above, he	old an Autopsy,	Inspection 🔀	, Inquiry	X, and	in my of	pinion
death resulted	from: Natural causes	, Accident Suic	ide, Homicide	, Undet	ermined ma	nner 🗌		
	D 01	20/0	CHIEF MEDICAL E	EXAMINER X				
ACTUAL SIGNATURE	Musself	Musher	M.D.	ICAL EXAMINER		I	ATE SIG	NED
EXAMINER'S NAME (Type)	Russell S. F.			elty, town, or cour	nfy)	uary 20,	1962	!
22a. BURIAL, CREMATIC REMOVAL (Specify Burial	1-24-62	St. Jeniori	They Con.	Ohel	(City, town,	plin	- On	1.
23. FUNERAL DIRECTO	R. D. Lan-	ADDRESS OF MARKET	To 16'00 REC	D BY REGISTRAR	24b. REGIS	TRAR'S SIGNAT	JRE	
Muna	a v vicor	us vagages	PATEAN	2 3 '62	Cal	of S. Thronk	_	
			a.					



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND W. PRESTON STREET, BALTIMORE 1, MARYLAND 00378 OF DEATH Item 236. Film 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) 1. PLACE OF DEATH Baltimore b. COUNTY MarVland MARYLAND c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 Fort Howard 16 Days Baltimore e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (il not in hospital, give street eddress) d. STREET ADDRESS ON A FARM? YES NO 5460 Lynview Avenue Veterans Administration Hospital 3. NAME OF Middle DATE Month Year DECEASED OF (Type or print) DEATH 62 JOHN AGE (In yeers IT UNDER I YEAR 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months Days Male White WIDOWED DIVORCED April 23, 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 1Qb. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even il retired) Automobile Repairmen Radiaters Poland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jonas Markowitz Dena Tanenbaum Clinical Records, VAH, Baltimore 18, Maryland 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17 (Yes, no, or unkown) | (Ifyesgive war or dates of service) Yes FORT HOWARD DIVISION NEEVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 6 MONTHS PART I. DEATH WAS CAUSED BY: UREMIA IMMEDIATE CAUSE (a) DUE TO UNKNOWN CHRONIC NEPHRITIS Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying UNKNOWN ARTERIOSCLEROSIS, GENERALIZED cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? CHRONIC BRAIN SYNDROME, SECONDARY TO ARTERIOSCIEROSIS NO X 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (Stete) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While et work et work p.m. to January 24162, that (we) last 21. I certify that (1) (this hospital) attended the deceased from January 8 19. 62, and that death occured at. A.M., from the causes and on the date stated above. saw the deceased alive on. Jan. 24 22n. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS VAH, BALTO 18 MD FT HOWARD DIVISION FREEMAN, M.D. Medical Service 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) Anshe Emunah Congregation Baltimore Jan. 25, 1962 Burial 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

JAN 2 9 '62

arthur S. Krass

filled in hours completely pers. carbon and physician remove please attending and Then removal, the ig physician. the burial-transit burial, cremation attending peen has certificate ha 6 this detached After CIOR: DIRE 3 shoul death. Page 4 director, be filed OL VR A15 (4) 15M 9/60

funeral

1 Pe

certificate

24 FUNERAL DIRECTOR'S SIGNATURE

Sol Levinson & Sons 6010 Reisterstown Rd. Balto. Meave

E TREMOR STATE

Total of Landing

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Americani.

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INVINCEMENTAL, N. D. Montona Cervice, N. VAH, MALAY DE ME PE HOWARD DAVISEDS

CENTIFORM (SECTIONS)

Burlol Parking Symmet Songregaying Schiller Mirring

Do st do timent. Thron

Chicarl Records, VAB, Beltheers Mr. Margaret

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Sol Bevinson & Sons bold deleteratown IM. Baito. Md.

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		00379		CERTIFICA	ATE OF DEA	AIH		Reg. D			
1.	o. COUNTY Ba	ltimore		MARYLAND	2. USUAL RESIDENCE O. STATE	E (Where decease yland	d lived. If instituti b. COUNTY	-	time		ion)
	b. CITY OR TOWN (If RURAL and give ned Overl	rest tawn)	ts, write	c. LENGTH OF STAY IN 1b		N (If outside corpo	orate limits, write R	URAL ond	give nec	arest town)
	d. NAME OF HOSPITA OR INSTITUTION	L (If not in haspital, g 4414 Glenm	3377		d. STREET ADDR	ess 14 Glenmo	ore Ave.				FARM?
3.	NAME OF DECEASED (Type or print)	Fir Ott	0	Middle	Urban	4. DATE OF DEATH	Januray		3,	1	Year 19 62
	sex Male	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIED TO	B. DATE OF BIRTH Ded. 15. 1	888	9. AGE (In years lost birthdoy) 73 yrs.	Months	Days	Hours Hours	Min.
	during most of working Elevator op	ng life, even if retired	done 10b.	KIND OF BUSINESS OR INDU		(Stote or foreign o	country)	12.CI1		S.A.	OUNTRY?
13	B. FATHER'S NAME Martin	Urban			14. MOTHER'S MAI	tie Schr	eiber				
	Yes Tes	IN U. S. ARMED FOR	ervice)	SOCIAL SECONITI TO	John Urban	4414 Gle	enmore Av				
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (co DUE TO y, which)	0	ne for (o), (b), and (c).]	therase	larche	ar Li		INTI ONS	ERVAL BE SET AND	TWEEN DEATH
CATION	couse (a), stoting to lying couse last.	he under- DUE TO	:)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEAS	SE CONDITION GIV	VEN IN PA	RT 1(a) 1	PERFO	RMED?
CERTIFICA	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of inju	ury in Part I or Po	rt II af item 1B.)			YES	NO NO
MEDICAL											
	21. I certify the alive an	Paul b			, 19.5 %, to n occurred at 11.	DOPM, from		nd an th		e stated	leceased dobove. TE SIGNED
27	PHYSICIAN'S NAME (Type)	AUL (MUELLER	B,	ALTIN	10 PF 3	76	1112),	
L	Burial (Specify)	1/8/62		Baltimore Na	ational	Ba	1timore,	Md.	Chitz	(State	6)
-	Light Function Func		4210	ADDRESS Belair Road.		REC'D BY REGIS		STRAR'S S			

eral directar, be filed with may be retained by cospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shaul the registrar prior to burial, cremation, or removal, and in any event within 72 hays ofter death.

ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

th. Page 4

TO HOSPITAL OR A VS A1S (4) 15M 9/SB

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A Committee Lab				
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	Northwest St. N. St. and all of			
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			1231 - 1	
AND SHAPE TO A				
		All a shall the		
		*)		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00380 **CERTIFICATE OF DEATH**

Rea.			()	1 :	1	7	(
Reg.	Dist.	No.	6.4	11	1.	4	1

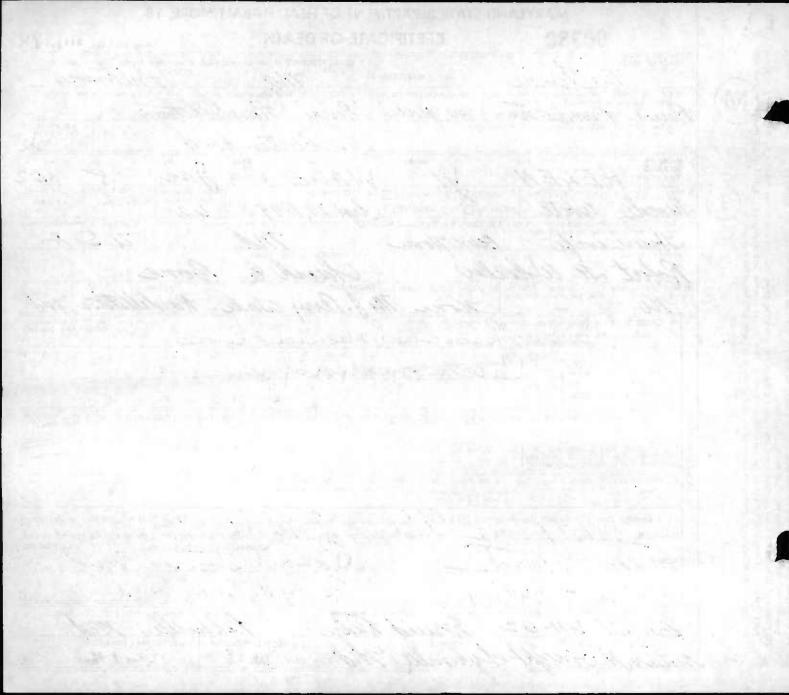
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. COUNTY Ballimore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? YES NO
WADE ADATE Anni Buy Year OF DEATH Jan 1962
8. DATE OF 81RTH Slept-20, 1899 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min. Months Doys Hours Min. Months Doys Hours Min. Months Doys Hours Min. Months Doys Min. Months Months Doys Months Mon
DUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Claux C. Bone
1 J. Perry Wade - Randellstows, Vol
Anewwowa INTERVAL BETWEEN ONSET AND DEATH
atrais (several)
UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
RED. (Enter nature of injury in Port I or Part II of item 18.)
PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (Stote) foctory, street, office bldg., etc.)
th occurred at 12 2 M, from the causes and on the date stated above.
M.D. Caudallalows The
BANDAISTOURY, Md
OR CREMATURY 22d. LOCATION (City, town, or county) (State)
OR CENTRY 22d. LOCATION (City, town, or county) (State)

Page 4 JING PHYSICIAN: The law requires that the death certificate be executed within 24 hours af al director,

eral

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shoulthe registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

VS A1S (4) 1SM 9/S8



FOR STATE HEALTH DEPT.

ssary, or. Page ir files. O DEPUTY M. T. EXAMINER: This certificate should be executed within 24 hours after death. If any delay it please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral dis 4 should be forwarded to the Chief Medical Examiner's Office along with form PMS. Page 5 may be retained for C FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State 8 page or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours efter death. 401 OL

VS. A15ME 5M 7/59 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

00381 MEDICAL EXAMINE	R'S CERTIFICATE OF DEATH
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission
Baltimore MARYLA	and b. COUNTY Baltimore
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neers town)	IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
RNOGALXXX Jacksonville 13 year	rs XXXXXXX Jacksonville X
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	6. IS RESIDENCE ON A FARM?
Sweet Air Road Jacksonville, Md	d Sweet Air Road YES NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year OF
	WALKER DEATH 1 19 19 62
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	less piringey) Months Days Hours Min.
Male White WIDOWED DIVORCED	□ June 26, 1895 6665 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working lifa, evan if refired)	and
S. Navy, Ret Navy& Decke	Massachusetts USA
13. FATHER'S NAME	MOTHER'S MAIDEN NAME
Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Ellina Walker ?
(Yas, no, or unkown) (Ifyasgivawarordatasofservica)	Jacksonville knoemax
Yes WW I & WW II 219-28-72'	72 Mrs. Marie Walker Sweet Air Rd Md
PART I, DEATH WAS CAUSED BY:	DAYLI O CLUS CAN SONSET AND DEATH
IMMEDIATE CAUSE (a)	19 CC 10 STORE COOLEN
Conditions, if any, which (b)	
gave rise to immadiata causa	
(a), stating the underlying DUE TO	
	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH I 20b. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	PERFORMED? YES NO NO
208. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCU	URED. (Enter nature of injury in Part I or Part II of Itam 18.)
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
3 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20	Oa. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata)
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20 While Not While at work at work at work	factory, street, office bldg., atc.)
21. I certify that I took charge of the remains described above	ve, held an Autopsy . Inspection . Inquiry . and in my opinion
death resulted from: Natural causes , Accident ,	Suicide , Homicide , Undetermined manner
111 -6	CHIEF MEDICAL EXAMINER
ACTUAL MKocle + 10h Fredle	ASSISTANT MEDICAL EXAMINER DATE SIGNED
SIGNATURE WY TO THE STATE OF TH	DEPUTY MEDICAL EXAMINER
EXAMINER'S NAME (Type)	Addrass (Streat, city, town, or county)
228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMET REMOVAL (Spacify)	TERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State)
D	n National Arlington, Virginia
23. FUNERAL DIRECTOR ADDRESS	1 24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Brooks Funeral Service. Inc Tow	son Md DATE AN 23 '62 Chima S. Kraus

entition of the sound of the so

Burted 1-23-1962 Aritheton Antionel Prington, Virginia

N

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH **BALTIMORE 1, MARYLAND**

KESEARCH AND	RECORDS,	201 AA	. PRESION	SIKEE!	DATE
CERT	IFICATE	OF	DEATH		

002800

70007					1111011
1. PLACE OF DEATH		2. USUAL RESIDENC	E (Whara daceesed livad, If		e before edmission
a. COUNTY	MAN DEPT WATE	a. STATE Mary	land b. coul	St. Mar	arte /
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16		outsida corporate limits, writ		M
write RURAL end give nearest town)	C. LENGTH OF STAT IN 18			10	1 2
Catonsville	5yrlOmthl7dys	Hollywood,	Maryland	101	1
d. NAME OF HOSPITAL OR INSTITUTION (if not In hosp	pital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE
SPRING CROVE STATE HOS	PITAL	none			YES NO
3. NAME OF First	Middla	Last	4. DATE Mon!	h Day	Yeer
DECEASED (Type or print)	0	77. 3	OF DEATH TOWN	15	19 62
Pirley		Weeks	oanu	ary 15	19 62 IF UNDER 24 HRS.
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B	. DATE OF BIRTH	last birthday)		Hours Min.
male white widower	DIVORCED _	Dec. 12, 1876	85 yrs.		
10a. USUAL OCCUPATION (Giva kind of work dona during most of working life, even if ratirad)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County	y & State, or foreign country) 12. CITIZEN O	F WHAT COUNTRY
	shipyard	New York		U. S	
13. FATHER'S NAME	onzpyara	14. MOTHER'S MAIDEN N	IAME	U. D	•
Willet Weeks		9.24	Le New		
	SOCIAL SECURITY NO. 17. 1		Addres		
(Yas, no, or unkown) (Ifyasgivewerordatesofsarvice)	JOCIAL SECONITI NO. 17.	MI OMPIANT	Addies		
		cords: SPRIN	IG GROVE ST	ATE HOSP	
18. CAUSE OF DEATH (Enter only one cause par li	ne for (a), (b), and (c).]				ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Term	inal pneumonia				
4) UE TO					
	eriosclero tic	cardiove scula	r di seese		
Conditions, if any, which geve rise to immediate cause	GLIOSCIEIO MC	Caldiovapoure	u ca ocase		
(e), stating the undarlying DUE TO				424	
cause last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION GI	VEN IN PART 1(e) 1	9. WAS AUTOPSY PERFORMED?
Ĭ.				,	TES NO TO
20a. ACCIDENT WAS UNDERLYING 20b. DESC	CRIBE HOW INJURY OCCURED	(Enter natura of injury in Pa	art I or Pert II of itam 18.)		
PART II. OTHER SIGNIFICANT CONDITIONS CON 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
20c. TIME OF INJURY Month, Day, Year 20d. I		CE OF INJURY (Home, farm,		(County)	(Stete)
20c. TIME OF INJURY Month, Day, Year 20d. I Whila twork on 19		ory, straat, office bldg., etc.)			
	<u> </u>		F/ T	75 60	
21. I certify that ((this hospital) attend	ded the deceased from.	Feb28, 2	2.56 to Jan.		
saw the deceased alive on Jan. 1	5 19 03 and that	death occured at p.	M, from the causes	and on the da	ate stated abov
228. SIGNATURE		4776101110	FD 57455		22b. DATE SIGNE
Stilla Wa	elester m	.D. PHYS. DI	ED. STAFF RECTOR PHYS.	1-15	
22c. PHYSICIAN'S NAME (Type)	3/ D	22d. ADDRESS SP	RING GROVE	STATE HO	SPITAL
NAME (Type) Stella Wachsl	er, M. D.	Ca	tonsville 28.	Mary land	
23e. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City,		(State)
REMOVAL (Specify) /- 19-19	any Cha	he l	Tenace 11	Tem.	merl
2 FUNERAL DIRECTOR'S SIGNATURE	MODRESS	25e PEC	D BY REGISTRAR 25b. RE	GISTRAR'S SIGNA	TURE
DA BLACE SIGNATURE	Thomas It	1. ()	B1 - 0 100		
11. sarremalingley,	LINANDER	MICK DATE	. 1 0 02	withing & the	44

Charles Services Suica the Color

	MARYL	AND	STATE DEPARTM	MENT OF HEALTH	-BALT	IMORE, 1	8		
	00383		CERTIFIC	ATE OF DEATH	1		Reg. Dist. 1	10.[][Q Q 1
1. PLAC o. CC	e of DEATH DUNTY Baltimore		MARYLAND	2. USUAL RESIDENCE (WI o. STATE Mary	land	lived. If institution b. COUNTY		imor	
b. CI	TY OR TOWN (If outside carporate limit IRAL and give nearest town) Rosedale	s, write	6. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF C	dale	ote limits, write RL	JRAL and give	nearest faw	n)
d. N	AME OF HOSPITAL (If not in hospital, grantitution 5705 McCormic			J. d. STREET ADDRESS 5705 Mc	Cormi	ck Ave.		ON	SIDENCE A FARM? NO
	E OF Fire ASED or print) Susanna		Middle	Wendling	4. DATE OF DEATH	Mont Jar		Day	Yeor 19 62
5. SEX	F 6. COLOR OR RACE	7. MARR	NEVER MARRIED DIVORCED	8. DATE OF BIRTH May 11, 188		P. AGE (In years last birthday) yrs.	Months Day		ER 24 HRS. Min.
10o. USI dur	JAL OCCUPATION (Give kind of work ding most of working life, even if retired) HOUSEWITE	one 10b.	KIND OF BUSINESS OR INDU	USTRY 11. BIRTHPLACE (State Hungar		intry)		of wha	T COUNTRY?
13. FATH	John Yos	st.		14 MOTHER'S MAIDEN N	known				
(Yes, no. c	DECEASED EVER IN U. S. ARMED FOR TO Unbrown) If yes, give wor or dates of te NO CAUSE OF DEATH [Enter only one course of the No. 1] PART I. DEATH WAS CAUSED BY:	se per lin	M	rs. Margare		se 571	4 McCo	rmic NTERVAL B	ETWEEN
go	IMMEDIATE CAUSE (o) DUE TO DUE TO Inditions, if ony, which (b) (c) Size (a), stating the under- ng couse lost. (c)		- 10000 100a	Nº /ceaa	7	4000			
CERTIFICATION OB (IL E	CONTRIBUTING [CAUSE OF DEATH	Hel	CRIBE HOW INJURY OCCURRI	Mulesta	707		EN IN PART 1(o	PERF	AUTOPSY DRMED? NO
20c. 21.	TIME OF INJURY Month, Doy, Year Hour o. m. 19 I certify that I attended the yean Lillian &	While at work	Not while for	LACE OF INJURY (Home, form polory, street, affice bldg., etc., 190, ta., ta., accurred at 121	gen () / 7	,that I last	saw the	
SIGI	VALUE SICIAN'S TOLON A	Se	beauch Ch.M.			Plus or town, s			ATE SIGNED

220. BURIAL, CREMATION, REMOVAL, (Specify) BURIAL 22b. DATE THEREOF /62

22c. NAME OF CEMETERY OR CREMATORY Cross Cemetery 22d. LOCATION (City, town, ar county) Baltimore

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

Holy ADDRESS

240. REC'D BY REGISTRAR

Maryland 24b. REGISTRAR'S SIGNATURE

Charles Funeral Home, Inc. Stevens

VS A15 (4) 15M 9/S5

		CERTIFICA	
		en.min	
	10.1		
		4 430 54 3 7	
Section 1			
		1300	Andrew Control of the
		E descript	A STATE OF THE STA
	10:27:27	at we wenter	N make the

FOR STATE HEALTH DEPT.

files. of Health,

TO DEPUTY IN CALL EXAMINER: This certificate should be executed within 24 hours after death. If any defay it please execute fine certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral did should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

2

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00391 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

-											
1.	PLACE OF DEATH				2. USUAL R	ESIDEN	CE (Whare de-	eesed lived, If	institution: Res	idence	before admission)
		Baltimore		MARYLAND	e. STATE	Mary	land	b. COU		timo	ore
		if outside corporate limi I give neerest town)	ts,	c. LENGTH OF STAY IN 16		-	If outside corpo	rete limits, writ			
	Grey Mai				X	Gret	Manor				
	d. NAME OF HOSPI	TAL OR INSTITUTION (if not in hos	pilel, give street eddress)	d. STREET						o. IS RESIDENCE ON A FARM?
	2900 Pa	age Drive			29	00 P	age_Dri	ve			YES NO Y
3.	NAME OF DECEASED	First		Middle	Lasi		4. DATE	Monl	h	Dey	Yeer
	(T	GENEVA		ETHEL W	HEATLEY		DEATH	Janua	ry 10		19 62
5.	SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	8. DATE OF BIRTH		9.	AGE (In yeers	IF UNDER 1 Y	EAR I	UNDER 24 HRS.
Fe	emale	White	WIDOWE		March 20	. 19	18	43yrs.	Months Da	iys	Hours Min.
10	. USUAL OCCUPAT	ION (Give kind of work	1Db. KI	ND OF BUSINESS OR INDUS				ntry)	12. CITIZI	EN OF	WHAT COUNTRY?
00	At home	rking life, even if retire	a)		Vin	gini	0		111111	77 (5.A.
13	FATHER'S NAME	-			14. MOTHER'S					Uas	2.2.
	Chester A	Adkins			Don	't k	now				
		ER IN U.S. ARMED FOR fyesgivawarordates of s		SOCIAL SECURITY NO. 17.	INFORMANT			Address			LI CONTRACTOR
1.	No	1,029. Va Wat 01 Galas 018	oi vica,	J	ohn Wheat	lev	2900	Page I	rive-2	2	
		EATH [Enter only one	causy por li		p					INTER	VAL BETWEEN
		H WAS CAUSED BY: IMMEDIATE CAUSE (e)	Co	unary (acche	> 1	m				hur
F	4-30	DUE TO	^								
	Conditions, if any	which (b)	1000	nous luse	ult					2	yes
	geve rise to immedi	DITE TO		1	1						
	(a), slating the u cause last.	(c)		0							
Z	PART II. OTHER		TIONS CON	TRIBUTING TO DEATH BUT N	NOT RELATED TO TH	HE TERMIN	NAL DISEASE C	ONDITION GIV	EN IN PART 1	0) 19.	
ATIC										YES	PERFORMED?
CERTIFICATION	20e. EXTERNAL CA	AUSE WAS 2	Ob. DESCRI	BE HOW INJURY OCCURED.	(Enter nature of inju	ury In Par	t I or Part II of	item 18.)		1 120	
CER	PRIMARY or CC	ONTRIBUTING									
3	20c. TIME OF INJU	JRY Month, Dey, Ye	ar 2Dd.	NJURY OCCURRED 200. PI	LACE OF INJURY (H	oma, fern	n, ; 20f. (City	or town)	(County	r)	(Steta)
MEDICAL	Hour a.m.		While et work	1401 1111110	actory, street, office l	bldg., etc.	.)				
Z	p.m.	19			hald an Autono		lassastica d				
				ains described above, I			Inspection (and in	my opinion
	death resulted	from: Natural ca	uses	Accident, Su		micide		etermined n	nanner		
	ACTUAL	6.01 1	9 6/2	00.			EXAMINER [
	SIGNATURE	Jane	Cal	elli	M.D.		ICAL EXAMINE			DA	TE SIGNED
	EXAMINER'S NAME (Type)	Track	0	Collins			L EXAMINER			1.	-11-6 L
22	BURIAL, CREMATIC		OF	22c. NAME OF CEMETERY			22d. LOCATI		, or country)		(Siele)
E	urial	1/13/62	836	Gardens of I	Faoth		Bal	timore,	Md.		
	FUNERAL DIRECTO	7.5		ADDRESS	The state of the s	24e. REC	'D 8Y REGISTR		SISTRAR'S SIGN	NATURE	
U	Ilrich Fur	neral Lome	Dunda	alk, Md.		DATE STA	服 15 %	2 0	Thun &	Krass	a

THE COMMENT OF SECURITIES AND THE PROPERTY OF SECURITIES AND SECURITIES AND ASSESSMENT OF SECURITIES AND SECURI AT STORO STREET REPRESENTATION OF THE OF THE The section of the se 474.10

FOR STATE HEALTH DEPT.

TO DEPUTY 1 AL EXAMINER. This certificate should be executed within 24 hours after death. If any delay please executs the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1. PLACE OF DEATH a. COUNTY				nstitution: Residence before edmission
Baltimore	MARYLAND	a. STATE	rvland b. coun	
b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16		If outside corporate timits, write	RURAL end give neerest town)
write RURAL and give nearest town)	14 Mos.	_	dalk	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi		d. STREET ADDRESS	4CTTP	1 e. IS RESIDENCE
8045 Park Haven Road			ark Haven Road	ON A FARM?
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Dey Yeer
(Type or print) HOLLY ELIZ	ABETH WHITTLE		DEATH Jar	mary 31 19 62
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years last birthday)	
female white widowed	DIVORCED W	ov. 29, 19	60 11 mos.yn./	Months Deys Hours Min.
10m. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ID OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
None		Baltin	nore. Md.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN		0.00%
Gorman E. Whittle			1 1 10 1	
	OCIAL SECURITY NO. 17. I	NFORMANT	Carol Bond	
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)				
1B. CAUSE OF DEATH [Enter only one cause per lin	None	Gorman E. V	Whittle - 8045	
DADEL BEARITHEAN OATHER BY				ONSET AND DEATH
IMMEDIATE CAUSE (o)	Interstitial p			
S L S X DUE TO	and pulmonary	atelectasis		
Conditions, if eny, which (b)				
geve rise to immediate cause (a), stating the underlying DUE TO				
ceuse lest.				
PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	
OLL VI				YES TO NO
PART II. OTHER SIGNIFICANT CONDITIONS CONT 20%. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTIONS CAUSE OF DEATH	E HOW INJURY OCCURED. (E	nter nature of Injury In Per	t I or Pert II of item 1B.)	The Fig. 100 Fig.
PRIMARY Or CONTRIBUTING CONTRIBUTING				
20c. TIME OF INJURY Month, Day, Year 20d. IN	JURY OCCURRED 200, PLA	CE OF INJURY (Home, ferm	1, 20f. (City or town)	(County) (Stete)
ZOc. TIME OF INJURY Month, Dey, Year Hour e.m. While et work	Not While fect	ory, street, office bldg., etc.		(5)6)6)
21. I certify that I took charge of the rema	ins described above, he	ld an Autopsyxx,	Inspection , Inquiry	and in my opinion
death resulted from: Natural causes	Accident , Suici	de . Homicide	Undetermined ma	nner 🗍
		CHIEF MEDICAL I	EXAMINER	
ACTUAL ())	1) 1/1	ACCICTANT MED	ICAL EXAMINER XX	DATE SIGNED
SIGNATURE	Y 1111	DEPUTY MEDICAL		DATE SIGNED
R. Breitenecke	MD			January 31, 1962
	er, M. D.		city, town, or county) 22d. LOCATION (City, town,	
REMOVAL (Specify)	Gardens of Fai			**
Dullal			Trumps Mill R	
23. FUNERAL DIRECTOR	ADDRESS	24e. REC	D BY REGISTRAR 246. REGIS	
		DATE	JOHN J. DDDA 7	922 Wise Av.,
		FEB 5 '62	arthur S. Thank	lalk 22 Md.

COLUMN TO THE PROPERTY OF THE PARTY OF THE P ENTER STATE testing the wife of temperature in a 1.29 1.250 m movem the transfer of the state The state of the s CONTRACT NUMBER OF SELECT

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1111281

-			
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Whera deceased lived, If institution: Re	sidence before admission)
	a. COUNTY DATE	a. STATE M b. COUNTY	LTIMORE
_	BAL II MORE MARYLAND		
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write URAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give naarest town)
	Monsville	X CATONSVILLE	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	. IS RESIDENCE
	han 1 4 1 1 0 0	12024 E. 1 . V 01	ON A FARM?
	2824 Tridench Jad.	2824 Frederick Rd	YES NO
3.	NAME OF First Middle	Last 4. DATE Month	Day Year
	(Type or print) CIIR TIS	WILCOX DEATH JAN 2	7 1962
5	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y	
-	8. COLOR OR RACE 7. MARRIED NEVER MARRIED B	last birthday) Monthel D	ays Hours Min.
	MALE WHITE WIDOWED X DIVORCED J	ept. 6, 1876 85 yrs.	
10	a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
d	one during most of working life, even if retired)	Manylayl	4.5
_	BLACKSMITh	111114 2310	K. J
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
۱	Charles S. Wilcox	Reese	
15		NFORMANT Address	
	es, no, or unkown) (Ifyesgivewarordatesofservice)	111	401
		Rene Gilgash 2824 Trederic	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:		3 6 60
	IMMEDIATE CAUSE (a)		2712
	DUE TO		
	Conditions, if any, which (b)		
	gava risa to immediate cause		
	(a), staring the underlying		
	cause last. (c)		
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
ATI	Resondary Clear neca		YES NO NO
CERTIFICATION	2Da, ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED	(Enter nature of injury in Part I or Part II of item 18.)	
TAS	OR CONTRIBUTING CAUSE OF DEATH	, in the state of	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLA	CE OF INJURY (Homa, farm, 20f. (City or town) (Coun	ty) (State)
ED	Hour a.m. While Not While fact	ory, street, office bldg., atc.)	
×	p.m, 19 at work at work		1 23
	21. 1 certify that (I) (this hospital) attended the deceased from	1-6-6, 19 to 1-27 , 19.6	Athat (I) (we) last
	saw the deceased alive on	death occured at M. from the causes and on the	ne date stated above
	22a. SIGNATURE		22b. DATE
	220. 5151	ATTENDING MED. STAFF	SIGNED
	Jennes THOWELS M		
	22c, PHYS/CIAN'S NAME (Type)	22d. ANORESS	26
	NAME (Type)	Lelono Tille	1-29.
2	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d, LOCATION (City, town or county)) (State)
2.	REMOVAL (Specify)	n ii 1 d	MI
	BURIAL SAN 39, 1962 M/1 VIC	EW CEM. HOWARD CO.	1-1a.
2.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	IGNATURE
2	18. Mate Melle + Low (20)	DATE FEB 1 '62 Callun 9	~
1_	1,200	DATE PEB 1 '62 Calling &	/LeanA

DOSCO

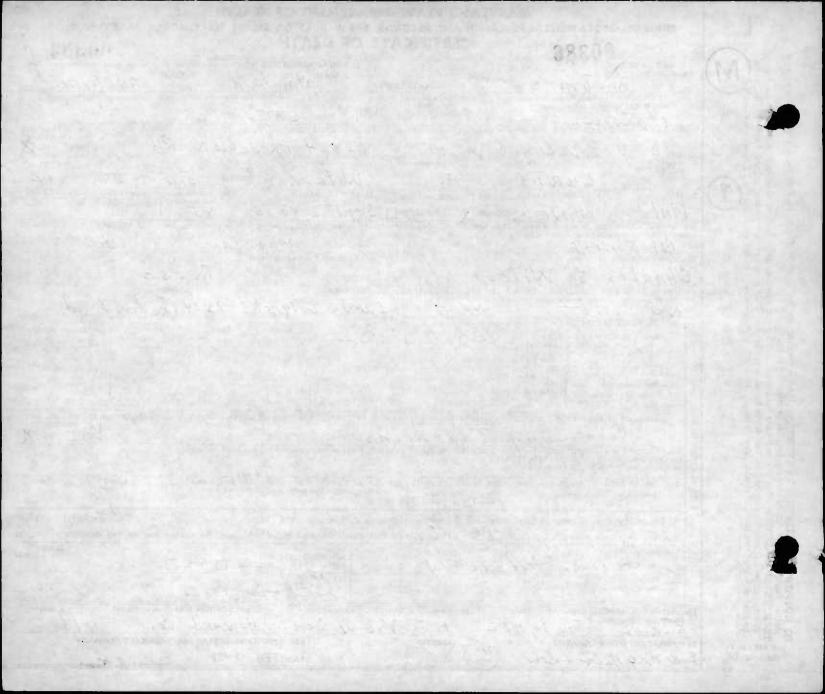
death. Page a retained by the hospital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITE

WEST A death. Page

FOR TO FUNERAL DESCRIPTION OF STREET OF STRE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00387 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) e. COUNTY Maryland Baltimore MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b write RURAL end give neerest town) hours after Towson Towson Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitet, give street eddress) d STREET ADDRESS filled 111 Burke Avenue 111 Burke Avenue completely papers. 3. NAME OF Middle Lest 4. DATE Month 72 DECEASED (Type or print) Wilson January Sara carbon 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (in yeers | IF UNDER 1 YEAR) B. DATE OF BIRTH lest birthdey) and Months March 29, Female WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? remove done during most of working life, even if retired) U. S. A. Homemaker Ireland 13. FATHER'S NAME attending pl 14. MOTHER'S MAIDEN NAME and William McMeekin Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Then (Yes, no, or unkown) | (If yes give wer or dates of service) Mr. Mathew Wilson-Ill Burke Avenue- Towson the 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] þ attending physicia has been signed by burial-fransit perm PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to Immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDINGN'S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY 0 certifical 2Db. DESCRIBA HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 2De. ACCIDENT WAS UNDERLYING 4 for OR CONTRIBUTING [] CAUSE OF DEATH the (IF EITHER, NOTIFY MEDICAL EXAMINER) After 20d. INJURY OCCURRED 20e. PLACY OF INJURY (Home, farm, While Park While faging, street, office bldg., etc.) 2Df. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Yeer While et work RECTOR: Lan. 3 0 , 19 6 Lihat (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from The 19-1 to... m. 19 plnods saw the deceased alive on... 22e. SIGNATURE ATTENDING MED STAFF PHYS. PHYS. 4 DIRECTOR M.D. death. Page 4.
TO FUNERAL.
director, page 3
be filed with the 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type Carl Myers, M. D. E. Cold Sprin Lane Balto., 12, Md. 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Moreland Memorial Park Baltimore, Maryland Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

VR A15 (4) 15M 9/60

COXALL MarylandATE e. 15 RESIDENCE

19 62

IF UNDER 24 HRS.

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO Y

(Stete)

22b. DATE

SIGNED

Devs

ON A FARM? YES NO

Same of state bus here. Just and BORNES - DESIGNATION OF THE PARTY OF THE PARTY OF CHEST 13. Linux Till . Mich. J. Linux C. Carriell La Teoretti Linux Control Cont The contract of the second of

CERTIFICATE OF DEATH

mosc

0038		CERTIFICA	AIE OF DEAIR	1	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Baltim	ore	MARYLAND	2. USUAL RESIDENCE (Who. STATE Maryland	ere deceased lived. If institut b, COUNTY	ion: Residence before admission) Baltimore
b. CITY OR TOWN (If outside cor RURAL and give neorest tawn) Pikesvil		NGTH OF STAY IN 16	Baltimor		RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in OR INSTITUTION Pro	hospital, give street addres fessional		d. STREET ADDRESS 3005 Vir	ginia Avenu	e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF DECEASED (Type or print)	First ELIZABETH	Middle	W INAKUR	4. DATE MOI Janua	P -
5. SEX 6. COLOR Female Whi	te WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH Sept. 1885	9. AGE (In years lost birthdoy) 76 yrs.	Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kinduring most of working life, eve HOUSEWIT	if retired)		STRY 11. BIRTHPLACE (Stote Polan		12. CITIZEN OF WHAT COUNTRY US A
13. FATHER'S NAME Fran	k Meyer		14. MOTHER'S MAIDEN N	? Unknown	
15. WAS DECEASED EVER IN U. S. A			NFORMANT		dress 2 Nerak Road
Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. Part II, OTHER SIGNIFIC CONTRIBUTING CAUSE (OR CONTRIBUTING CAUSE (OR CONTRIBUTING CAUSE (CONTRIBUTING CAUSE (CONTRIBUTION CAUSE (CONTRIBUTING CAUSE (CONTRIBUTION CAUSE	t Lippha	rap The IBUTING TO DEATH BUT Let Venchow INJURY OCCURRE		asservered 11/	ven in part 1(a) 19. Was autopsy performed? YES \(\) NO \(\)
OR ACCIDENT WAS ONDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX 20c. TIME OF INJURY Month, Hour o. m. p. m.	Day, Year 20d. INJURY While		ACE OF INJURY (Home, farm ctory, street, office bldg., etc.		(County) (State
21. I certify that I attention alive an 1/2 4	ded the deceased fr 	am		AV.	, that I last saw the deceased and on the date stated above DATE SIGNED
NAME (Type)	26/62 S	NAME OF CEMETERY C	bos	22d. LOCATION (City, town, German Hil	
Sol. Levinson					Man S. Krace

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the metal director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft TO HOSPITAL OR AL

Poge 4

VS A1S (4) 1SM 9/S8

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	error I fire E			
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ASB	beaugi .	and st	etimeeno.	
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	en de la constant			

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	00389	CERTIFICAT	E OF DEATH	0	1682
1. PLAC	E OF DEATH		2. USUAL RESIDENCE (Where d		idance before admission)
a. co.	BALTO.	MARYLAND	a. STATE MD -	b. COUNTY BA	170
b. CIT	Y OR TOWN (if outsida corporata limits, ita RURAL and give paarast town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	porate limits, write RURAL and	giva naarast town)
2	ATONVILLE		X CATONS	VILLE	
d. NA	ME OF HOSPITAL OR INSTITUTION (if not in hospital	al, give street eddress)	d. STREET ADDRESS	- WAR	e. IS RESIDENCE ON A FARM?
ゾ	61 ACADEMY K	R	501 HCAD		YES NO
	E OF ASED CHRISTIAN	H. W	OLFE JEATH	- n.1	30 1962
5. SEX	6. COLOR OR RACE 7. MARRIED WIDOWED	NEVER MARRIED B	AUG.13 1901	6 Oyrs.	ys Hours Min.
	IAL OCCUPATION (Give kind of work ing most of working life, even if ratirad) FLECTRICIAN TRI	O OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or	foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
13. FATH	HENRY WOLF	EE	14. MOTHER'S MAIDEN NAME	BLAI	NK
	DECEASED EVER IN U.S. ARMED FORCES? 16. SC or unkown) (If yas give war or dates of sarvice)	DCIAL SECURITY NO. 17. 1	NFORMANT H. Was	fe-ro, ac	eleng Ref
18.	CAUSE OF DEATH [Enter only one cause per line	for (a), (b), and (c).]		7	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACU	te Corona	artem occle	ision of	ONSET ADD DEATH
L	-) O DUE TO	myocardin	Jinfarettieri		
Cond	litions, if any, which \ (b) Cero	nden a	tem selen	'sis	
-	rise to immadiata causa stating tha undarlying DUE TO	0			
	a last. (c)				
OR COR COR COR COR COR COR COR COR COR C	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1	PERFORMED?
	ACCIDENT WAS UNDERLYING [20b. DESCR ONTRIBUTING [CAUSE OF DEATH THER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURED	. (Enter nature of injury in Part I or Part	ll of item 18.)	
WEDICAL 20c.	TIME OF INJURY Month, Day, Year 20d. IN. Hour a.m. While at work [CE OF INJURY (Homa, farm, 20f. (Cit ory, streat, offica bldg., etc.)	y or town) (Count	y) (State)
21.	certify that (1) (this hospital) attende	d the deceased from.	726-,14 , 1955, 10	Jan 30 , 196	2, that (1) (we) last
saw	the deceased alive on 30	19 6 Z, and that	death occured at 6.50 M, from	n the causes and on th	
22a.	SIGNATURE FIRMLY O. S.	Zina, M	ATTENDING MED. PHYS. DIRECTOR	STAFF PHYS.	1-31-6 Z
22c.	PHYSICIAN'S NAME (Type) HARRY L. M.	Nipp ms	. 4116 Edmard	in An Bal	hores 29 m
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TO HOSPITAL TENDING PHYSICIAN: The law requires that the death certificate be executed within death. Page 4

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled on director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and be filed with the State Dept. of Health prior to burial, cremation, or removal, prof. on event, within 72 hours after death VR A15 (4) 15M 9/60

The funeral ours after and TO HOSPITAL CASTENDING PHYSICIAN: The law requires that the death certificate be executed within death. Page 4 of retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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JOHN J. DUDA 7922 Wise Ave. 22, Md. DATEJAN 8 '62 Calling & Kraus	1	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC				
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TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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BURLAL 1-20-62, VICER MARIA CEN- WITECUFFING TOWER, MO.

Charles J. Jeiler BOLTE, 24, MP.

I Challest Ox much